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FUNDAMENTAL CHANGES IN NURSING EDUCATION

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To be successful as a nurse one must like people. I don't believe any of you in this audience ever knew a good nurse who did not. To like people one must know and understand them. To a nurse, the most interesting study in the world must always be the study of the people she sees about her. Louis Pasteur wrote to his fiancée, who in the French manner, he hardly knew at all: "Those who have known me very well have loved me very much." And he spoke with truth, for to know people well almost always reveals qualities we must needs admire and traits we must love.

Ethel Johns has written the best description of a nurse that I know. She says that nurses "must themselves be competent and willing to function in any capacity that the need of the patient and the nature of the situation may demand. No artificial limitations can be set. In nursing, no service, however humble, can be common or unclean." Of the patient she says: "In a word, he leans on her intelligence, judgment, and skill as well as on her devotion and willingness to serve. It is not only what she is and does which is important to him, it is what she knows. To the physician as to the patient, it is essential that the nurse shall possess knowledge and judgment as well as technical skill. Nurses themselves are keenly aware that certain personal traits and temperamental characteristics are better suited to some types of nursing practice than to others. There is as yet no officially sponsored code of nursing ethics, but there is still a deep conviction that the exercise of the traditional nursing virtues—courage, dependability, patience and devotion—must penetrate and quicken all nursing practice which is worthy of the name."

Your own Canadian "Survey of Nursing Education" finds unequivocally in favor of its status as a profession: "an occupation which has a long-continued and rather definite preparation, represented usually by college and technical education, and has developed a standard of good conduct, basing its work on the service idea rather than on money."

We have been surveyed and studied and analyzed during the past twenty years. What are we doing about all the wise recommendations? There are, I think, definite trends to be found in the efforts that are being made to educate the young women of 1936 for this profession today. In Japan, China, Siam, European countries, Scandinavia and on our own continent we find schools of nursing which are all organized to defend certain basic principles and develop certain stated objectives. There are fundamental changes in nursing education and these are taking form and becoming vocal. "Fundamental", says the dictionary, means "a principle, rule, law or article which serves as the groundwork of a sys-

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tem." In music "fundamental bass is the root note of a chord—the generating tone of a series of harmonics." This summer, when I went to stay at our little frame house in New Hampshire, I found that the deep prolonged frost of the winter had displaced the great granite sills making its foundation. Nothing more serious could happen than this. Unless the foundation sills are firm and true and solid, the house will collapse. These four granite sills rest on the cellar walls — the cellar dug from the solid earth and the walls fortified with boulders. The earth itself opened to make the foundations of the house. The granite sills are fundamental to the building itself. It lends itself as a simile for this discussion. Are there not four major sills on which rest our best plans for nursing education? To know people in the way a nurse must know them, are there not four important fundamental subjects she must learn—four disciplines to which she must subject herself? At least, for the fun of it, let us assume that my four granite sills are the biological sciences; the social sciences; psychology; principles of teaching.

To know man, as a nurse must learn him, we must know the scientific processes that go to make up his functioning —the emotional adjustments which go along with these vital processes; the society in which man lives and the principles and practices by and through which man can be taught to live in health, which, as Florence Nightingale said, is "the ability to use well every power" that man has.

Public health nursing is: "An organized community service rendered by graduate nurses to the individual, the family and the community. This service includes the interpretation of medical, sanitary and social procedures for the correction of defects, the prevention of disease and the promotion of health. It may also include the nursing care of the sick in their homes." Public health nurses have found that it is only when man wants to learn to change his own environment that it can be improved, so she must learn how to rouse his desire. "When the desire cometh it is a tree of life."

International Aspects

After a recent visit to Europe, Dean Goodrich writes:

We find in all countries visited increasing emphasis on nursing practice in relation to preventive medicine; a tendency to enlarge the scope of the clinical experience; to raise the educational standards for admission; and to integrate nursing activities. The strength of the English programme of nursing education, closely followed by the Scandinavian countries, is the emphasis on nursing technique in relation to the bedside care of the patient. Its weakness, the subordination of the education of the nurse to the demands of nursing service of a given hospital, general or special, through the failure to free these schools, even when independent institutions, from the needs of the hospital patients.

The schools on the Continent are more independent, but in Czecho-slovakia, Poland, the Baltic Countries, and Belgium, the great weakness lies in the clinical experience of the students. In many it is poor, in some the equipment and bedside care is wretchedly inadequate and primitive. In Poland the promise of overcoming these weaknesses is good. The legislation, the plan and programme of health activities, and the influence of the State School, achievements of barely a decade, all point toward rapid advancement.

In Finland, the one country that has paid her war debt, we find a pattern in process of weaving that gives great promise of the desired plan and programme of nursing education and nursing practice for a given unit of population. As I have already stated, she has been foremost in seeking knowledge from other countries to forward progress in her own.

In closing, let me re-affirm my conviction that the two most significant recent developments are, the establishment of the International Florence Nightingale Foundation, and the creation of the Association of Collegiate Schools of Nursing, the latter a memorial, not less than the former, to our leaders and their followers. "For their story is not graven only on stone over their native earth but lives on, far away, without visible symbol, woven into the stuff of other men's lives." — (*Pericles, "Praise of the Dead"*).

The great increase in numbers of public health nurses, such as we have seen in recent years, would not be encouraging if it were not for improvement in the quality of work they are doing. This is marked and has, I believe, been brought about by two things: first, better courses for graduate nurses in public health nursing; but especially, second, better supervision in the field. In "Public Health Nursing", January, 1936, pages 22-24, we read what fifty-seven nurses working in the country or in small urban centers have given as their opinion of the value of supervision in public health nursing. This discussion shows clearly how fast public health nursing is becoming a dignified profession with standards and aspirations like other professions. They needed most help on problems of organization and administration of service, programme planning and records. Under this heading one would class publicity, community relationships, board meetings, interpretation of policies and doctor-nurse relationships, and they have felt the least need of help on such matters as home visits, communicable disease, maternity and infancy, social problems and relief. Almost unanimously they agreed that hardest of all in their day's work is the planning of a balanced health programme and learning to know the field and the policies and practices of the organization with which they are working. Budgeting their time is difficult and they say that the hardest kind of service comes under the heads of home visiting and the correction of defects.

To the questions: What is the purpose of supervision and what is the supervisor's object in making a visit with you? the answers were varied: "For improvement of nurse, by broadening her vision"; "encouragement"; "pointing out weak points"; "stimulating an attitude of self-appraisal"; "constructive criticism"; "gives opportunity for supervisor to become acquainted with field and its problem." Another writes, "Gives supervisor chance to note if nurse is developing her special capabilities; to judge her effectiveness as a teacher; to bring stimulation and encouragement to the nurse."

Supervisors were criticized as follows: "No constructive criticism given"; "no suggestions given which would help in solving problems"; and it was suggested that better help could have been given by stepping into the clinic and actually assisting rather than observing only.

In addition to a discussion of problems at group meetings, it was felt "that specific subject matter for the development of the staff" should be presented. Finally, we find that this group of nurses would like:

More frequent supervisory visits.
Better qualified supervisors.
More uniformity of policies and practices.
More institutes and conferences.
More uniform system of records.
A written report of suggestions of some kind for the nurse to have after a visit.
All supervisory criticism given first to the nurse.
More specific suggestions and instructions.

An assured confidence is evident in the public health nursing programme of work today. The group has developed a critical sense and is in this way able to emphasize that part of the whole programme most needed in a given region at any one time. There is much greater understanding of the health officer's entire plan of work and a more united integration of the public health nurse's part in it.

Williamson County

Communities are changing and community organization for health is developing in ways which could not have been predicted ten years ago. In Canada, health insurance seems more likely to come quickly than it does with us, but in the United States, the development of health and social work in the community under the Social Security Act is already bringing about much that is different.

Recently I have been making some extremely interesting visits within the area

which is generally known as the T.V.A. Within this region, work is going forward based on a Southern Regional Study which was made in the Tennessee River Valley and the adjacent sections under the supervision of the Southern Regional Committee. The Honorable Arthur E. Morgan is chairman of the Tennessee Valley Authority and the health officer appointed for the T.V.A. is Dr. Eugene L. Bishop who, previous to this appointment, had been health officer of the State of Tennessee. To quote from an article by T. J. Woofter, Jr.:

> As we enter into the phase of civilization where both industry and home comfort are dependent upon power, the determination of fair rates for power is a question of basic concern throughout the country. In the T.V.A. plan, the production and marketing of power is of first concern; and "of more local significance is the effort to co-ordinate in one coherent plan the development of the optimum functions of a stream in power, flood control, and navigation. Again national significance attaches to the phase of the programme which has to do with forest conservation." And an even greater national stake is involved in the efforts to develop the region so that the *maximum social benefit* shall accrue to the people.

It is the development of this social and health programme which is of such great interest to nurses.

Williamson County, Tennessee, comes within the T.V.A. area. The health organization in Williamson County is well developed and had been going forward with encouraging success for a number of years before the T.V.A. was thought of. The health officer and his associates are conducting a generalized programme of health work in this county. The only nursing function which is not generalized at present is that connected with the Williamson County Tuberculosis Study. Recently a further study in this county has been inaugurated. Its ultimate aims are: (1) to evolve practical methods of improving unsatisfactory mental health conditions in a rural community; (2) while giving adequate attention to control measures, to evolve a health programme that will prevent (insofar as is possible) the development of unsatisfactory mental health conditions; and (3) to work out ways and means of adapting existing public health agencies to the execution of such a programme.

Under such changing conditions in the development of a health programme in a community as are suggested by the plans of the T.V.A., one becomes intensely interested in the vital problem of providing public health nurses capable of carrying on a nurse's part in the stimulating plans laid down.

Some Essentials

Fundamental changes in nursing education are certainly greatly needed and fundamental changes are certainly taking place. However, it is early to make an accurate comparative study of these experiments in nursing education and it would be ill judged to try to do so. In Baltimore, in Cleveland, and in Seattle, there are interesting developments of practice fields in public health nursing to which undergraduate students of nursing are being sent. Each of these centers is developing its practice field in ways which differ from the others, but in each, one recognizes that the practice field has become a *part of an educational institution* and that the fundamental change common to all those schools of nursing connected with these practice fields is that the school has passed from the amateur stage of hit-or-miss training and has become in actual truth *a school*.

Miss Lankajtes, from Warsaw, said to me lately: "Now, for the first time, I see public health nursing taught from the beginning of a nurse's education." Yet, for more than ten years Poland has been developing schools of nursing based on this principle—Miss Lankajtes herself teaching the practices of public health nursing to *pupil* nurses in the practice field in Warsaw. What she saw that was different was the application of this principle under conditions that allow of actual

individual teaching, free of all obligations to *give service* to patients—or to families in a health programme, other than the obligation to practice, under direction, for the sake of acquiring skills and techniques. This has been done by organizing the modern school on the following principles:

(1) The school is an independent entity or unit, having a separate budget and enjoys the direction and protection of an educational institution such as a university or college.

(2) The school has access to, co-operation with, and control of the teaching in practice fields as follows: a hospital or hospitals giving care to the following groups of patients: medical; surgical; obstetrical and gynaecological; pediatric; communicable; mental.

(3) Public health nursing fields giving generalized service with clinics, conferences and home visits are available for teaching purposes.

(4) The school has the co-operation of a Medical School for teachers and laboratories and the co-operation of the medical staff in teaching student nurses in ward practice. Its library facilities are also available.

(5) Practice in a Nursery School, to learn to apply knowledge of emotional adjustments in children is now considered essential.

Association of Collegiate Schools

The Association of Collegiate Schools of Nursing is helping us to study and tabulate the experience of schools of nursing in the United States today. I quote from an article appearing in the January number of *The American Journal of Nursing*, written by Isabel Stewart:

The first steps toward the formation of the Association of Collegiate Schools of Nursing were taken in April, 1932, when a group of representatives of university schools of nursing met informally at the nursing convention in San Antonio, Texas, to discuss ways and means of dealing with some of the problems arising out of the new relationships between nursing schools and higher educational institutions. Gratified as they were with the rapidly increasing number of schools entering into such relationship, the members of this group were nevertheless concerned about the casual way in which some of these unions were entered into and the lack of any kind of direction or control in the movement as a whole. It was agreed that the time had come to define more clearly the purposes and the standards which should control such developments and it was felt that the best type of control could be exercised by the schools themselves. The objects of the Association as stated in the constitution are:

(1) To develop nursing education on a professional and collegiate level.

(2) To promote and strengthen relationships between schools of nursing and institutions of higher education.

(3) To promote study and experimentation in nursing service and nursing education.

Membership in the Association is restricted to schools or departments of nursing that have definitely committed themselves to the idea of developing their work on a collegiate and professional level and as a part of the system of higher education. Because of the different types of programmes offered by these schools, it was necessary to set up different standards for the schools offering combined academic and basic professional programmes and those offering combined academic and advanced professional programmes. The latter are usually designed for graduate nurses who are preparing themselves for specialized work as teachers, supervisors, or administrators of nursing schools or as public health nurses.

The difference between active and associate membership is largely a matter of the degree to which the nursing school has become identified with the college or university organization. These points are brought out in the statement of standards for active membership for schools offering combined academic and basic professional curricula in nursing: "Active membership shall be open to an accredited school of nursing definitely established as a constituent part of an accredited college or university which offers a combined academic and basic professional programme leading to a baccalaureate degree. The organization of the school shall accord with that of other professional schools in the university or college."

The Association of Collegiate Schools of Nursing is not concerned at this time in developing a large membership. It is especially anxious to bring into this group only schools that are definitely committed to progressive educational policies and that are free to control and able to command the resources necessary to support and promote these policies: (1) Good standards of nursing practice and adequate clinical resources are recognized as of primary importance. (2) While the hospitals and other agencies supplying field or practice work are considered as full partners in these educational enterprises, it is clearly understood that the determination of educational policies and the control of the programme of education must be in the hands of a body

which is primarily concerned with education. (3) Such a school must be able to command an income adequate for its needs and in no case should it be operated for profit.

Needless to say the difficulties in the way of establishing these conditions are great. I mention some of them: There is little general understanding of what nursing is. One must have an *informed public opinion* in order to establish fundamental changes in any branch of education. Our public hardly yet begins to know what we mean when we speak of an independent University School of Nursing. We need an *informed and sympathetic medical backing.* We need full *understanding and support for the School from hospital administrators.* The university will need money for the support of the school, but this will be forthcoming when there is public opinion to understand the advantages to the public, the hospital and the medical school brought about through its establishment.

A school not yet under the protection of a university but organized on such sound educational principles that it might readily become a unit of a university at any time, estimated its financial requirements for endowment, if it were to be taken over by a university, at about two million dollars but, when this affiliation failed to take place, made itself so valuable to hospital and medical school that its excellence continues to be maintained without sacrifice of essential features of a good school, and it remains even now a School of Nursing *under the support of the hospital.* In short, the hospital administrators realize that good hospital nursing service follows in the wake of a good school even when nursing students are not exploited to do hospital service at the sacrifice of their own educational needs.

The director of such a school often gives to the hospital administration the advice and guidance of an expert in the hospital nursing service. In one school I know, such expert help is given the hospital gratis. To point this example even more vividly, this school is one in which every student is taught public health nursing and given practice in public health nursing throughout her course—which means that she is taken away from the activities of nursing in hospital wards during all the weeks necessary for public health nursing practice field work, class instruction, and excursions.

Teachers

One cannot omit mentioning the greatest difficulty of all in the effort to establish those fundamental changes necessary to better education of nurses. *We have hardly any nurse teachers equipped to organize, develop, create, discard, readjust, eliminate and add to our ever-improving curriculum.* In the biological sciences, the social sciences, the educational courses which our new young students must have, such creative teachers of nursing are essential. That we need superior teachers so much should not discourage us in view of our youth as a profession. In less than sixty years, why should we expect to be able to state clearly exactly how we fit into the social picture, exactly how many of us are needed to keep a community in health? We cannot yet differentiate our social function from that of other professional community workers—doctors, social workers of many kinds, relief administrators and teachers of mental health. It would be unreasonable to expect to find adequate teachers in so new a profession. Have you defined and delimited nursing to your own satisfaction? I cannot do so.

The School of Nursing of the University of Toronto affords a good example of an intelligent way to go about making a teacher for a modern school of nursing. It is, of course, familiar to you but worth thinking about once more. A few years ago the department of biology of the School of Hygiene and Public Health

was giving a more than usually good course to students in the nursing course at Toronto University. It was a course unusually well adapted to the needs of the students who took it. From the department of biology came to the director of the school the suggestion that the courses could be better taught if there were a nurse teacher well enough prepared in biology to receive an appointment as a member of the faculty of the department as well as that of a teacher in the School of Nursing. The next step was that *The Canadian Nurse* published an advertisement for a nurse then teaching science in a nursing school who might wish to undertake further study in biology looking to the appointment suggested above. She was found, prepared herself for the position, and has for the past few years been adapting her knowledge and experience to the needs of the students in the School of Nursing of the University of Toronto. Not the least interesting feature of her teaching is the new light she is able to throw upon certain other courses in related sciences being taught the same group of students. For it is true that we know very little about the way to teach the basic sciences that nurses require.

In all our uncertainties as to what to teach and how to teach it, we may lean with confidence upon the fact that educated nurses are greatly in demand. There are never enough. We seem to be learning that although nurses may require as many years of preparation for their profession as doctors do, yet it will be quite different, and as we consider fundamental changes in nursing education, we may remind ourselves that our present confusions are increased by the fact that we are not starting fresh and clear to educate the young women of 1936 for the work of this changing world but that there are many of us "old" graduates, educated long ago and by virtue of our age obliged to carry the responsibilities of leadership.

For a school of nursing to have the protection of an educational institution such as a university, nurse teachers must meet college requirements for other teachers. Not many nurses of my own generation and later had a college education before their nursing course, so it has been necessary to develop for us a sort of patchwork process of education. Teachers in schools of nursing who sought a year for further study have usually had to spend it in taking courses designed to supplement an inadequate general education rather than in advanced work in the fundamental sciences or arts required in modern nursing.

The president of Skidmore College writes of its School of Nursing:

> The interest of the College in the School of Nursing is so great that its earnest hope is to assure its permanence. It is contemplated that specialists in the Skidmore College faculty will be utilized to further special instruction in nutrition, hygiene, sociology, biology and psychology for the undergraduate group of nursing students. A distinctive feature of the programme of the Skidmore School lies in the fact that it is giving fundamental health education from the very beginning of the course. Students come as college freshmen between seventeen and eighteen years of age, which enables the School to shape their entire course of study with a view to providing the widest possible scientific basis, while focussing their attention from the outset on the public health concept as the directing aim of their careers. Entering freshmen are given a special course by the director of the school in the health conservation of all age groups. This leading motive is continued in the pre-clinical course at the hospital and in seminars now being set up in the sophomore college year. The special course in microbiology emphasizes disease prevention so that in this way and through constant emphasis of the public health aspects of the curriculum, the central career motive is carefully built up during the first two years and continued through the entire hospital experience.
>
> As a supplement to the regular requirements of the curriculum, each graduating student will be urged to acquire, through interneship in the tri-county health district, an experience which will qualify her for a certificate in public health and will meet the requirement of the National Organization for Public Health Nurs-

ing. State employment during the graduate period of interneship has been assured.

Vanderbilt University is giving an interesting course called Nursing:

In the first quarter of each of the three terms, the biological sciences are taught under the direction of the department of biology of the university. The subjects included are those usually given in nursing schools under the titles of anatomy, physiology, chemistry, et cetera, but in this correlated course, a more vital presentation of the subject matter is possible. In the second quarter the student is introduced to the community, the family, and to individual social casework. These studies are under the direction of the professor of social sciences. In the third quarter of the last two terms, psychology and mental hygiene are taught under the direction of the professor of psychology, while in the last quarter of each of the three terms, a course called "Nursing" is given, divided as follows: (1) maintenance of health in the community; (2) maintenance of health for different age groups; and (3) curative nursing. It will be seen that contact with a sick person does not appear in this programme until the last quarter of the third term of the student's first year.

At Yale and Western Reserve Universities, more mature young women enter the first year of nursing than in these other schools, for four years of college is required for admission to these schools. It will be extremely interesting to watch the difference between these students as compared with those schools of nursing who are accepting younger girls.

The Art of Healing

And now, to conclude this paper, what is the art of healing of which nursing is a part?

Do you remember the young medical student
in "Rab and his Friends"?
Do you remember his "Master," the Surgeon?
How he stood "pitying Ailie with his eyes"?
The young medical student was
Dr. John Brown himself.
He met Ailie,
And James,
And Rab
At the great gate of the hospital.
He took them to the Surgeon.
He couldn't do much for that brave and
shining creature, Rab's mistress.
On the contrary, they hurt her horribly.
But yet he gave her everything that one
human being can give another.
What was it?

I walked through the long wards of an Italian
hospital.
A great Italian doctor took me through.
He was a surgeon and a scientist.
He had saved the lives of many mothers.
But it was not
His skills
Or his science alone
That had won him his passport to the Elysian
Fields
Where he was certainly bound.
No, his passport was issued to him
Because of something else than these skills.
I know why he is great
For I saw him stop by a little cot where
A very small Italian baby slept.
I saw his hand slip under the baby's head.
I saw how the baby's comfort was increased.
He was gentle.
To him it was important
That the baby's head be comfortable.

Did you ever see Dr. Osler
With a woman whose "nerves" were
"shaken"?
All her control was gone.
Poor, feeble, pitiful thing.
She was most unattractive.
She wept often and at nothing.
She was careless of her appearance.
Her charm was quite gone
And her bright mind clouded.
To Dr. Osler she was still important.
She knew that she was important to Dr. Osler.
He brought her back to life and health.

What profits it
To have a metabolism test?
Or a meticulous blood count?
Or a Graham visualization?
Why shall I let this stranger peer at my organs
In a fluoroscope?
Wherefore
X-ray the canal of each secret tooth?
Am I not
Something besides these intimate parts of me?
Institutes and laboratories
May be good,
Slides and microscopes
May save life
But only under certain precise conditions.

I will tell you about this
For I have learned the truth.
That lovely Scottish doctor
In "Rab and his Friends"

Is not here to-day.
Dr. Osler, too, has gone
Upon a new adventure.
That sweet gentleman in Italy
I saw fix the baby's pillow
Is far away.
But we helpless patients
Must still turn to
A real Doctor . . .
To be saved,
To be eased,
To be sustained
As the case may go.

We are below par and our work suffers,
Or we are in acute pain.
A devil plays upon our taut strings,
Our senses quiver, we ourselves suffer.
The pain reaches a climax
And ebbs, and ebbs, and is gone.

Who can take all the findings
Of all the tests, and plates, and slides,
And put two with two, and
If the four is too much blurred to read,
Say "Ah, yes, but it would be four if it were there to be seen"?
We must have a wise, strong Doctor
Who is first of all a Humanist.
Who but the Humanist
Can fit my tests to me?
Or fit me to the next act
On which the curtain rises?
And who, when all this is done,
Will push me, almost unaware though I may be
Of the Power that pushes,
To the precipice edge and make me say
"This is my precipice.
I, myself, choose to jump over the edge."
The Humanist
Is there
While I jump over.
Is there
After the jump.
Is there
Through the long impatience
Called convalescence.
Do not tell me
You cannot find him.
You cannot but find him.
For, in your need,
You cannot do without him.
He is still here.
Hunt until you do find him.
For the great tradition
Of The Healing Art
Is more alive to-day than ever before.
Then be content with nothing less than
The Humanist.

SOME POINTED QUESTIONS

GEORGINA E. THOMPSON, Reg. N., Winnipeg, Man.

I attended the convention. I was also one of those who were "put in their place." I, too, was directed to "speak to the chandelier." But now that we are back to normal could we have some discussion on the future of nursing as a profession? Could we have an article by some one with the insight and the vision necessary to discuss the subject with a sympathetic interest? Someone who would help us to see whether it is going to be worth while for the young woman of the future to take up nursing as her life work. For after all it is the rank and file of our young graduates that we shall have to consider. There will probably always be a place for the woman with a university degree and a university postgraduate course in nursing. But is anyone interested enough in the young woman with a modest education to enlighten us as to just what the future has in store for her?

True, we are told — and there is some truth in the accusation — that we are graduating too many mediocre nurses. And yet, on the other hand, we are hearing from every side that the doctors prefer the "practical nurse." The woman who will go into the home when the mother is ill, take charge of the house, cook the meals and look after the patient. Quite a large order, I grant you, but there it is. Needless to add that the public are looking for just this type of nurse.

Those who know me at all, know that all my life I have waged many a battle in the interest of education and particularly nursing education, but I am becoming weary and discouraged, for the older I grow the more clearly I seem to see that we as a people are becoming more and more inclined to put a premium on mediocrity. Until the education of the nurse has become a public responsibility and schools

of nursing are maintained by public funds, can we hope to have nursing take its place among the professions?

Again, if we raise the educational standard of nursing until it is no longer profitable nor possible for hospitals to maintain schools of nursing, shall we have the hospitals engaging women to work on their wards as practical nurses without making any pretense at training them as professional nurses? These women will later enter the nursing field as practical nurses thus closing to the young graduate one very important branch of the field of nursing.

I understand — and I shall be very glad to be put right if I am wrong — that this very thing is now being done in some hospitals in the United States. These hospitals are engaging women on their wards to carry out the routine work of bathing patients, serving meals, answering the signals, etc. This may not seem very important at present, but it looks to me like "the thin edge of the wedge," the entrance of the practical woman into the wards of the hospital.

Is then the actual care of the patient going to fall once more into unskilled hands? Is the highly trained, highly educated graduate to become merely a "desk nurse"; a woman of the club, and the committee and the platform until it shall be a question of whether she is really a nurse at all?

Can nursing as a profession be protected, when unlike any other profession it is open to unqualified competition on every hand?

If the young graduate in order to meet this competition decides to work as a practical nurse and charges a practical nurse's fee, why then should the young woman of the future who wishes to do bedside nursing take an intensive and exacting course in general nursing?

There are going to be some interesting developments in the near future. Could we have some discussion?

THE SWORD AND THE FAN

JEAN E. BROWNE

This is a review, not of a book, but of a remarkable article which appeared in the August number of *The Atlantic Monthly*. It explains what the fan stands for in the life of the Japanese. The fan is the symbol of good manners which the Japanese rightly consider as inseparable from morals.

The philosophic attitude, the poise, the self-control and the politeness of the Japanese have developed through the centuries, since 604, when a new Constitution was drafted by the celebrated prince reformer, Shotoku Taishi. The following extract from this Constitution may give an inkling of its purposes: "Let us cease from wrath and refrain from angry looks. Nor let us be resentful when others differ from us. For all men have hearts and each heart has its own leanings. Their right is our wrong and our right is their wrong. We are not sages, nor they unquestionable fools. Both of us are simply ordinary men."

Present day courses of study in Japan make ample provision for the theory and practice of good manners. The following excerpts are typical: "Do not laugh at foreigners, however odd they may seem to you", the child is counselled: "They may have something to teach you." And again, "Always be kind to strangers. If you see one who has lost his way, make haste to help him."

It is not only in elementary and secondary schools but also in schools of nursing that rules of personal behaviour are taught. This fact seems to have escaped the notice of the writer. Nevertheless, in the ultra-modern Red Cross School of Nursing in Tokyo, *two rooms are used for the practice of etiquette.*

It would be interesting to have representative people of various countries state what they consider to be the real hall-marks of civilization. When the writer put this question to a cultured Japanese gentleman, he replied: "I think the planting of trees is a manifestation of it."

Little is said of the sword in this article, except at the beginning and the end. In the beginning, a warrior is introduced, bearing a sword in one hand, and a fan in the other. The last paragraph reads: "But there is a symbol older than the Fan thrown heavily in the balance against it. It is the symbol of the Sword."

IN TRANSYLVANIA

The northern province of Roumania is called Transylvania — a magic word and an enchanting country. Cluj is its principal city and, among other beauties, has a charming market place, gay on market days with the richly coloured costumes of the peasants who come from the fertile countryside to sell farm produce of every kind. We saw it first on a sunlit autumn morning. There were mounds of golden pumpkins, strings of red peppers, piles of purple grapes, pale green cabbages, strange poisonous-looking fungi. A chaffering noisy crowd pushed its way between the stalls, gossiping, bargaining, basking in the sun. It was a lovely sight and we never think of Cluj without remembering it.

But Cluj is more than a business centre, it is the seat of a University in which there is a famous School of Medicine. Much younger, but nevertheless a part of the University, there is also a flourishing School of Nursing. No academic degree is given but the course leads to the diploma in nursing granted by the State. The School has its own residence and, in spite of its Spartan simplicity, the student life is rich in cultural values. Some Canadian nurses will remember meeting its director, Madame Maria Pertia, who visited Canada under the auspices of the Rockefeller Foundation. Her charm and distinction won all hearts and her qualities as an administrator and teacher are not less remarkable. Madame Bucsan and Madame Costres were also at one time members of its public health teaching staff and both were students in the School of Nursing of the University of Toronto. Their fellow students recall with pleasure how keen and interested they were. Mademoiselle Criste, a graduate of the School and who studied in England, is the able instructor and she has a group of students whose educational background would compare favourably with that of most students in Canadian schools.

ENTENTE CORDIALE

THE RAGGLE-TAGGLE GYPSIES

Although Roumania has several important industrial centres, it is in the countryside that one learns to know the heart of the people. The Government of the country is keenly interested in public

IN A PEASANT HOME

health and it is on this aspect of nursing that emphasis is placed.

The course had gradually been lengthened in order to give the students a sound basis of general nursing experience and, in addition, every student has actual experience in the public health nursing field.

In the delightful illustrations which adorn these pages you see the student nurse at work. Note the neat, becoming uniform, the practical bag, the air of happiness which she seems to bring with her into the peasant home.

One picture shows her about to enter the garden which surrounds every home. The Oriental influence is still strong in Roumania and the home is guarded from the view of passers-by by the high surrounding wall and the closed gateway. But once you enter the courtyard you see the broad porch which surrounds the house and on which in summertime so much household activity is carried on. Here hang the strings of onions, the blazing red peppers, the rich bunches of grapes from the vine.

Then you enter the house itself. Look at the happy young mother in the ceremonial bed, covered with the exquisitely embroidered linens and quilts which she brought to her new home as a bride. The bonnie babe lies on a pillow stuffed with finest down. The "holy picture" looks down benignly at this tender scene, flooded by the gay Roumanian sunshine. The student nurse, we like to think, is typical of thousands like her, who are serving with skill and devotion, the world over.

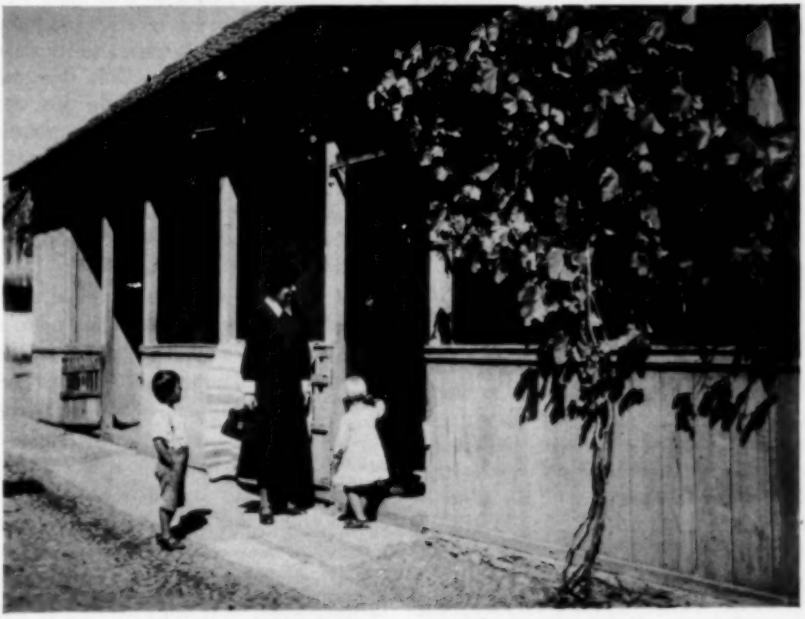
One of the most picturesque elements in the Roumanian population is the gypsy. One sees them everywhere, at the market, along the country roads in their tumble-down dwellings. Of alien blood and of strange speech, but having one gift which is a magic wand — their music. From a public health point of view the gypsies are a problem — but here is the public health nurse in the

middle of them — she is "off with the raggle-taggle gypsies . . . oh!"

The Department of Health of the Roumanian government is striving to establish many rural health centres from which radiate a diversity of services. Maternal and child hygiene, the control of tuberculosis and of venereal disease may be, and sometimes are, carried on from a single unit. Medical officers of health receive excellent preparation and a good professional relationship prevails between them and the public health nurse. Sometimes the nurse resides at the health centre but more often she has her own abode, perhaps a peasant cottage.

It was our good fortune to be in and out of Roumania many times. In the Spring we saw the long strips of linen lying out on the green grass to bleach in the sunlight. We saw the lines of quacking geese herded along by a small girl armed with a switch. Once we were in time for the vintage and drank a cup of heady new wine which was offered us — for good fortune — in a sunny vineyard with the scent of the winepress all about us.

But whenever we think of Transylvania (and that is quite often) we remember driving along a country road one hot summer afternoon and meeting a peasant wedding procession. The bride and groom sat in a peasant cart piled high with the bride's dowry of quilts and pillows and household linen. The costumes of both were rich with embroideries, some of which had been "in the family" for generations. Two great white oxen, their long curved horns wreathed with garlands of flowers, drew the bridal car and behind it marched a group of rustic musicians playing vigorously. The machine age seemed very far away as our motor stopped to let that procession pass, and as it disappeared round a curve of the road there passed with it what for us at least is the true soul of Transylvania— its unique and irreplaceable peasant art and poetry.



A Typical Roumanian Exterior

BETWEEN OURSELVES

At the Biennial Meeting of the Canadian Nurses Association, a suggestion box was conspicuously displayed at the *Journal* booth. It was a good big box and, in order to encourage frank criticism, unsigned communications were invited. Here was the subscriber's chance to talk back! When the meeting was over we opened the box, expecting to find it stuffed with the grisly proof of our sins of omission and commission. Rather, to our disappointment, the total catch was four slips of paper. But when we had read what was written upon them we were considerably heartened because they raised questions concerning which we have, for some time past, wanted to say something.

Now let us present the four communications verbatim. The first one we picked up read thus:

> What can *The Canadian Nurse* do towards suggesting that all nurses practise public speaking particularly those holding office in their Associations?

The person who wrote this evidently had shared the sad experience described in the article entitled "We come of age," which appeared in the August issue of the *Journal*. We hope to follow this up before long by a further discussion of the elementary principles of public speaking. In the meantime, we agree that something ought to be done about it.

The second slip of paper raised a question which is a hardy perennial. It reads as follows:

> Why am I receiving my renewal notice two months before my subscription is out. Has the office the wrong date?

The answer is that the *Journal* office has not got the wrong date but is simply giving the subscriber plenty of time to attend to renewal. Look at the renewal notice for a moment. You will see that it contains this statement: *Your subscription expires with the ..... issue. in order to avoid disappointment please renew at once as it is not possible to guarantee delivery of back numbers.* The actual month of expiry is always plainly stated. This is a polite way of telling subscribers that the *Journal* must know how many copies to order each month from the printer. Unsold copies constitute a loss which any publication which is conducted on business principles tries to reduce to a minimum. The idea is that if one intends to eat the meal one must order it ahead and not expect the cook to prepare it without any assurance that one either wants it or is prepared to pay for it.

Another slip of paper which should have been handed in (but wasn't) is an even hardier perennial of the same family. Upon it would have been written something like this: "I do not wish to renew my subscription and yet you continue to send the magazine. I refuse to pay for it" — and so forth and so forth. This persistence on our part is not due to any desire to force the *Journal* upon anyone who does not want it. It is simply an attempt to dodge yet another brickbat round which is wrapped something like this: "Why have I not received my *Journal* this month? I have been a steady subscriber for umpteen years." In this case the subscriber has ignored the first renewal notice which was sent two months ahead, and also the "tickler" or second renewal notice. When at last we regretfully remove her name from the mailing list and her *Journal* fails to arrive, the indignant subscriber takes pen in hand and tells us just what she thinks of us.

The point we are trying to lead up to is this: If, as we fondly hope, you want the *Journal*, please respond to the first renewal notice if possible, or at least to the "tickler". If, on the other hand, you are resolved to try to live without us (though we don't believe you can), send us a postcard to that effect. It may not reach us in time for us to intercept the latest number which may already be in the clutches of the printer, so if this pursues you just

refuse delivery. The post office authorities will do the rest.

Now we present the third of our slips on which is written:

Could some features of interest to the married members be introduced? Technical details no longer interest us.

This gave us rather a jolt. We hauled out our mailing list and made a rapid survey. How many married subscribers do you suppose the *Journal* has? Here are the official figures:

Ontario	67
Alberta	39
Quebec	28
Manitoba	20
Nova Scotia	17
Saskatchewan	17
British Columbia	15
New Brunswick	14
Prince Edward Island	4
Other places	26
Total	247

This number constitutes a little more than six per cent of the subscribers to the *Journal* and includes a number of married nurses who are still engaged in active practice. Now comes a married nurse who asks that the *Journal* be made more attractive to married women whose chief interests quite naturally lie outside the professional field. This raises a double question: Is this a reasonable request, and if it is, what measures should be taken to comply with it? Before attempting to answer, let us look at the fourth slip, really the pearl of the collection, which reads as follows:

We read for recreation as well as instruction, and often nurses think they have enough of nursing on duty and in text books. Many stories have appeared in our women's magazines that would have been better placed in *The Canadian Nurse*. Associate members and past graduates would then probably take an interest in the publication. You require more outside interest. In short, a magazine published for women must hold their interest! *The Canadian Nurse is a one-track magazine.*

(Signed) "AN OLD TIMER—NOT SO OLD!"

Quite evidently our married subscriber and "An old timer—not so old" agree that the *Journal* should not confine its pages to the discussion of nursing practice and organization but should enter the field now covered by such well-known publications as *Chatelaine*, which are expressly designed to appeal to women in general. The suggestion of "an old timer" is that the *Journal* should provide an escape from nursing by seeking to provide recreation rather than instruction, and that it should cease to be a "one-track magazine" devoted to professional interests only. Naturally this raises the question as to the proper functions of this *Journal*—a topic upon which we shall have something to say next month.

In the meantime: why don't you talk back? For the purpose of this discussion only, the ruling against anonymous letters will be temporarily suspended.

RHEUMATIC AFFECTIONS

There are probably no pathological conditions which play a greater roll in every day life than do those generally referred to as "rheumatic affections." Muscular rheumatism, sciatica, lumbago, neuritis, arthritis, are the cause of a tremendous amount of disability in all classes of society. Such conditions require heat as part of the routine treatment, and there is no better way of applying it locally than through the medium of Antiphlogistine, which maintains its heat and may be left applied for hours. Antiphlogistine helps to resolve the inflammatory deposits, to reduce congestion in the deeper parts, to ease the pain and to improve the range of movement.

Where long-retained heat, as well as capillary-stimulating medication, is an essential phase of therapy, frequently a cataplasm is the best means of application.

MISS HARTLEY RETIRES

After thirty-seven years of active professional practice Miss A. J. Hartley, Matron of the Christie Street Hospital, Toronto, enters upon a well-earned retirement. She will make her home in Brantford, where her family is well known. Miss Hartley is a graduate of the School of Nursing of the Toronto General Hospital. After holding several important positions, she went overseas in May, 1915, as matron of No. 4 Canadian General Hospital. She afterwards served in France, Malta, Gallipoli, Salonica and on a Hospital Ship. She received the Royal Red Cross (First Class) and Bar from the hands of the late King George V and was twice mentioned in despatches. Upon her return to Canada in July, 1919, she was appointed Matron of Burlington D.S.C.R. Hospital and in 1920 became Matron of the Christie Street Hospital, Toronto. In 1927 she was appointed Chief Matron of Pensions and National Health Hospitals of Canada. In the same year she was awarded the Florence Nightingale medal bestowed by the International Red Cross Society for distinguished military service. She was also the recipient, in 1935, of the King's Jubilee medal.

Miss Hartley was beloved by her nursing staff and by her patients and their good wishes follow her in her retirement. The accompanying portrait shows Miss Hartley wearing the decorations awarded her for distinguished service.

ANNUAL MEETING IN NOVA SCOTIA

The annual meeting of the Registered Nurses Association was held in Kentville, N.S., on June 4th and 5th inclusive. About eighty members were in attendance. Miss Marion Lindeburgh was the guest speaker, her topic being the Proposed Curriculum for Schools of Nursing in Canada. Excellent reports from the private duty, public health, and nursing education Sections were presented and interesting glimpses given of the activities in the six branches of the Association.

The president, Miss Lenta Hall, spoke of the success of the campaign for the *Journal* and also gave a resumé of the deliberations of the executive committee of the Canadian Nurses Association. The election of officers resulted as follows: President, Miss M. Haliburton, Halifax; first vice-president, Mrs. D. Gillis, Halifax; second vice-president, Miss A. Foster, Berwick; third vice-president, Sister Anna Seton, Halifax; recording secretary, Miss M. Saxton, Halifax; treasurer and corresponding secretary, Miss M. Graham, Halifax; *chairmen of sections*: public health, Miss A. Slattery, Windsor; private duty, Mrs. E. Haliburton, Halifax; nursing education, Miss V. Winslow, Halifax; *conveners of committees*: programme and publication, Miss G. Crosby, Halifax; legislative, Miss R. Hart, Halifax; registrar's advisory, Miss G. Strumm, Halifax; library, Miss S. Archard, Halifax; Red Cross emergency, Miss E. Browne, Halifax; nominating, Miss E. Warner, Halifax.

An invitation to hold the next annual meeting in Amherst was extended by Miss G. Smith, president of the Cumberland Branch.

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THE EDITOR'S DESK

A New Horizon

The leading article this month deals with fundamental changes in nursing education and was written by Miss Mary Beard, associate director of the International Health Division of the Rockefeller Foundation. This article is, of course, the original text of the masterly address given by Miss Beard at the Biennial Meeting of the Canadian Nurses Association in July. Did you realize that its conclusion was written in blank verse? Or were you carried along so easily in the smooth current that you did not perceive the poetic form? The *Journal* is proud to have the privilege of presenting "The Humanist" to its readers because it sums up the mellow philosophy of its author, who is an international figure in the nursing world. It would be a pity, moreover, to overlook the practical aspects of this treatise. It is possible to get a hill-top view of the whole field of nursing education and to look toward the new horizon.

Could You Answer?

If anyone should suddenly ask: "What should a private duty nurse know, and be able to do?" could you answer in so many words? The committee which rashly undertook this task found it took quite a bit of doing. You probably will not be entirely satisfied with the answer — but look it over and tell us what you think about it.

The Canadian Scene

Miss Anna E. Wells has assembled a considerable amount of information concerning public health nursing in Canada and has summarized it for our benefit under the heading of "Where we stand in Canada." Under the caption of "Notes from the National Office" you will find summarized reports of the activities of the nine Provincial Associations of Registered Nurses. Taken together, you will admit that the Canadian nursing scene is decidedly animated.

About Ourselves

One of the many things we learned at the Biennial Meeting was that Canadian nurses know very little about their national *Journal*. In a succession of brief articles we hope to shed a little light. If you would like to join our torchlight procession this is your opportunity. Come one, come all.

Pointed Questions

In this number we publish a brief article written by Miss Georgina Thompson in which she asks several questions which cannot and should not be set aside. Miss Thompson is far from being alone in her contention that it is high time that nurses should face certain issues which they have hitherto preferred to ignore. In the November issue of the *Journal* considerable space will be devoted to a discussion, from several angles, of some of the points at issue. Meantime, it would do us no harm to reflect upon what Miss Thompson has to say.

A Challenge

In our correspondence columns you will find a letter from a young graduate nurse which makes some rather disturbing statements regarding the sort of atmosphere which, in her opinion, prevails in some schools of nursing. We are not sure that we entirely agree with Miss Moody but her letter is so sincere and so courageous that we draw your attention to it. At the Biennial Meeting strong emphasis was laid upon the importance of spiritual and religious values in relation to nursing education and practice. We invite comment on Miss Moody's letter, especially from some of the younger head nurses.

Opportunity Knocks

Are you young and venturesome? Do you want to go down to the sea in ships? See London, perhaps Paris? Talk with nurses from the ends of the earth? Then look at page 472 of this *Journal*. Perhaps this is your chance to make a voyage of discovery which may lead you to good fortune.

Correspondence

A New Commandment

May I add a thought to the important discussion in your correspondence columns, beginning with the letter, "The right to live"?

During the past year I have attended countless meeting where the discussions on "nursing" have thrilled me with pride, but I have also been present at a number of social gatherings where the gossip about "nurses" has overwhelmed me with humiliation. These phenomena are increasing in frequency and intensity to the point where one ponders an explanation. Something must be wrong. Four years' close contact with nurses-in-training, with people who employ nurses, and with fellow graduates of many kinds, leads one to classify the untowardness of the situation under three heads.

The most serious of these, to me, is the fact that so many student nurses are not keen about their training. They never recommend it to other girls. They complain, not of long hours and hard work, but of being disillusioned about the worthwhileness of their vocation. They find their hero-worship for staff nurses nipped in the bud. They crave to love and reverence us, and to be lured on to study harder and to do their work more beautifully, by the light of happy achievement shining in the eyes of those ahead. This is denied them. They find us discontented, and therefore harsh and unsympathetic, even discourteous to them. They suspect us of being jealous of their youth and chances for fun. They have summed up their training neatly in the phrase, "Three years hell for a bunch of roses."

Further, our public is dissatisfied, not with the modern technique method of nursing, or its cost, but with the "hard look" on the face of the girl offering her services. We demand more and more sympathy and respect from the public but we are getting less and less of their esteem.

Lastly, there is a great clarion cry to "Raise the standard of nursing," but in spite of all the splendid work that is being done, there are signs, in some centres, at least, that it is slipping back rather than forging ahead. Attendance at professional meetings is poor, and there is a definite tendency on the part of many fine graduates to abandon nursing completely, and go into some other line, apart from marriage. Many who remain are credited with slipping into unworthy off-duty activities or defiant indulgence in unrefined amusements.

Why should these things be? Is not nursing now, as ever, a noble profession? Is it not worthy of the best that is in us? Has it not enough thrill and satisfaction to keep our faces happy, and preclude the possibility of falling into temptations which assail only the bored, the empty-hearted, and the cynical?

I submit that the great underlying cause for these ills is the lack in our training schools of that mysterious force which is said to make the world go round — Love. Our mothers had it. They wept when finishing day came and they had to leave their hospital. Feature it, girls! Yet we went into training with very much the same motives as they, to learn about people, to serve them, to love them. We all wanted to put a lot into it, and get a lot out of it. Elmer Hubble says, "The love you liberate in your work is the only love you keep." Oh, how difficult it is these days, in a big busy hospital to let the slightest gleam of love break through! The result? It is the well-known "starved for love" tightness in our faces — what the patients call the "dead pan." Thirty years ago the nurses loved their hospital; they loved their staff nurses who taught them lovingly. What a rich harvest of love they reaped in return? Not because they were more efficient, or more dutiful. Not because they were more sentimental, or attractive in appearance. But they had something we have lost — a family feeling, a oneness in a good cause — the care of life.

Oh, if only we would fall in love with nursing again! What beautiful nurses we should be! How can we do it? I submit, in the same fashion as all those who have ever done any lasting service to humanity. By coming, labourers and heavy-laden, to Christ, to be filled with the happiness of His extravagant Love, to be made irresistibly lovely and loving. It is His work that we are doing. He it was who took a towel and girded Himself, and washed the disciples' feet saying, "I came not to be ministered unto, but to minister." He lends His patronage to our work; what more prestige could we want? Modern nursing sprang into birth from the new freedom and prestige that Christianity brought to women. Would it not help to raise the standard of nursing today, to make happy nurses, and adoring patients if for one moment we listened to His words, "A new commandment I give unto you, that ye love one another."

JULIA A. MOODY,
Winnipeg, Man.

Department of Private Duty Nursing

FUNCTIONS AND STANDARDS IN PRIVATE DUTY

There is need of a brief and clearly written statement concerning the functions which private duty nurses should be expected to fulfil and such a statement necessarily implies some reference to educational standards. The aim, therefore, is to present, as a basis of discussion, a preliminary outline concerning functions and standards in the private duty field.

The economic maladjustment which has been felt so severely by private duty nurses is so complex and far-reaching in its origins and implications that it cannot be dealt with here. Measures which it is hoped will lead to better distribution of nursing service are now under consideration by the Canadian Nurses Association and the united support of the nursing profession may confidently be expected. All that will be attempted is to suggest the answers to two questions: What should a private duty nurse be able to do? How may she be prepared to do it?

Functions

The functions of a private duty nurse are determined, in some measure, by what may reasonably be expected from her by those to whom she renders service. These include the patient, his household, the physician, the hospital and the community at large. The nurse, herself, as an individual is entitled to consideration and the profession as a whole has a right to be heard with respect to both functions and standards.

The patient's point of view: The patient expects his nurse to keep him comfortable and contented, to adjust herself to his household and to get along amiably with his family and friends. He knows that illness entails treatment which is sometimes painful; he hopes that the nurse has skill and gentleness. He is frightened by the manifestations of his illness which he himself perceives. He relies upon the nurse to observe and to interpret these and to relieve them if nursing measures can give relief. He looks upon her as a continuing link between him and his physician. He counts upon her having had experience with other cases similar to his own which will help her to foresee possible emergencies and perhaps to forestall them. He draws upon her courage when his own fails him and on her resolve when his own will falters. In a word, he leans on her intelligence, judgment and skill as well as on her devotion and willingness to serve. It is not only what she is and does which is important to him; *it is what she knows.*

The physician's point of view: The physician expects from the nurse, on the patient's behalf, all that the patient does and more. He demands a personal loyalty to himself. He requires that the nurse shall build up the confidence of the patient and family in his competence and skill. He takes for granted that his orders will be meticulously carried out and that he will be kept informed of every important factor in the patient's condition as well as of any sudden change. While the nurse is debarred from making a diagnosis, she is tacitly permitted to arrange into a pattern any significant symptoms upon which such diagnosis may be based. She must be capable of assisting him in medical and surgical procedures; his needs must be foreseen and met almost before he himself is aware of them. To the physician, as to the patient, it is essential that the nurse shall possess knowledge and judgment as well as technical skill.

Report of the Committee on Functions and Standards in Private Duty Nursing. This committee was appointed by the National Private Duty Section of the Canadian Nurses Association. Its convener was Isabel MacIntosh and its members were Marjorie Buck, Jean L. Church and Ethel Johns.

The hospital administrator's point of view: The hospital administrator expects the nurse to satisfy the patient and the physician, and requires that she shall adapt herself without friction to the routine requirements of the institution and interpret to the patient the spirit of the institution.

The community's point of view: The community expects that all professional nurses shall possess the essential knowledge and the ability to teach measures to conserve health and to restore health. It requires that they shall be able to co-operate effectively with the family, with local hospitals, health and social agencies and with organized medical groups as well as with private physicians.

The nurse's point of view: While the nurse admits that the demands mentioned above are right and proper she feels that they do not cover the entire field of her professional responsibility. Nursing, as a profession, lays special emphasis on certain functions such as bedside care, observation and psychological aspects of nursing. Of these, nurses themselves are the expert critics and judges.

Bedside care: Nurses themselves have always looked upon bedside care as the fundamental nursing activity and the present system of nursing education is based on the assumption that the knowledge and skill acquired while caring for the individual patient underlies the practice of every branch of nursing. Bedside care includes such nursing procedures as are necessary to the personal comfort of the patient, the provision of suitable nourishment and the skilled administration of treatment. It also includes such household duties as may be necessary to ensure the maintenance of a favourable environment.

The domestic aspect of continuous nursing care must be taken into consideration because it is frequently a point at issue. Sickness in the home usually entails a dislocation of household routine which, in some instances, causes as much discomfort and anxiety to the patient as does the illness itself. The average household is not organized to meet the domestic emergencies arising out of illness and there is a consequent tendency to call upon the nurse to assume the double responsibility. The fact that the nurse's fee is relatively high and that the care of the patient may not keep her continuously occupied strengthens this expectation on the part of the patient, his household, and even of his attending physician. On the other hand, the justice of such a demand is not always admitted by the nurse, who may contend that her fee is based upon the skilled service she has prepared herself to render, rather than upon her willingness to perform tasks which, useful and necessary though they may be, nevertheless lie outside the nursing field. A knowledge of the household arts is held to be necessary in the practice of nursing more because the nurse should be able to instruct and direct others than because she herself as a routine practice should render domestic service.

The double problem of providing continuous nursing care and domestic assistance in the home will never be solved until its real implications are frankly faced by all concerned. It is physically impossible for a nurse to perform heavy household tasks and, at the same time, to give adequate nursing care to a sick patient. Neither the patient nor his attending physician is justified in expecting domestic service from a professional nurse as a matter of right, except in genuine emergencies. The nurse, on the other hand, should be willing to recognize the need for the combination of simple bedside care with a measure of housework, and should be prepared either to meet that need herself or to co-operate with another type of worker to that end.

Observation: One of the most important of all nursing duties is the observation of the patient. This nursing func-

tion is extremely subtle and defies precise analysis. A nurse develops, as a result of long experience, a sort of sixth sense which enables her not only to detect instantly but to interpret correctly the significance of obscure symptoms which would escape the notice of an untrained observer. From the physician's point of view this faculty is most important because he himself may not be with the patient while certain symptoms are manifesting themselves, but must depend entirely upon the nurse for information which may cause him to modify his whole course of treatment.

The ability to observe and to interpret is perhaps the most outstanding characteristic of the professional nurse. Manual dexterity can be acquired by a non-professional worker simply as a result of continued practice; expert observation requires not only the discriminating use of highly trained senses but also the exercise of balanced judgment, based on scientific knowledge as well as experience. The faculty of observation is closely allied to the ability to rise to the emergencies of illness. It is necessary to recognize the nature of an emergency before appropriate measures can be taken to deal with it.

Psychological aspects: The necessity for observation and interpretation is not confined to the physical manifestations of the patient's illness. His environment, his family and social relationships, his domestic and financial responsibilities, are all factors affecting his recovery. Every professional nurse must be as sensitive to these things as she is to changes in the pulse rate or an altered rhythm in breathing. All professional nurses should be able to apply, in nursing situations, those principles of mental hygiene which make for a better understanding and psychological factor in illness. There is a crying need for the application of those principles in the handling of sick people and their friends. While it has always been recognized that the nurse ought to be able to "get along well with the patient," it is only recently that analyses of case studies have indicated to what a large extent personal relationships complicate nursing problems.

Educational Standards

In view of the functions described above it is clear that the private duty nurse requires carefully planned instruction, during the basic course, in order that she may acquire the special skills required in nursing in the home. The nursing curriculum needs building up so that the student will be better prepared than she now is for that field in which most graduate nurses are now engaged. The educational aspects which need most attention are:

Theoretical instruction: A comprehensive series of lectures and demonstrations on the technique of nursing in the home should form a part of the curriculum of all schools of nursing. This course should be given by a properly qualified private duty nurse.

Adaptation: Nurses should be taught to adapt the nursing procedures learned in the hospital so as to meet the exigencies of the household. Some supervised experience in visiting nursing would be most useful in this connection.

Household Management: While it is not the primary function of the nurse to render household service it greatly adds to her usefulness if she understands the principles of household management, especially as these are related to the purchase and preparation of food. Courses given in food and nutrition in the undergraduate course should include instruction of this nature.

Continuing education: Since nursing procedures are constantly changing with the advance of medical science, private duty nurses should strive to keep abreast of the times by means of refresher courses, institutes, and postgraduate courses.

Supervision: Since private duty nursing on a community basis will probably

involve the acceptance of the principles of supervision, mature and experienced private duty nurses should qualify themselves for positions of responsibility in connection with community nursing bureaux and registries. Departments of nursing in universities should be approached and asked to assist in planning courses of study which would be helpful to women desiring such instruction.

It is obvious that united and unremitting effort will be necessary on the part of nurses themselves if the practice of private duty nursing is to be placed on a sound educational and economic basis. The Canadian Nurses Association, through its national sections and its nine provincial units, provides the rallying point for the forces which must deal with this most challenging problem.

WHAT DO YOU THINK ABOUT IT?

A night supervisor with considerable experience has written to the *Journal* as follows:

The official organ of the Canadian Hospital Council is a monthly magazine called "The Canadian Hospital." Among its many interesting features is a page with this caption: "We would like to know—" In the July issue we find the following question — and the answer:

Question: Should our night supervisor, who is in charge of the hospital from 7 p.m. to 7 a.m., be responsible for her actions to the superintendent or the superintendent of nurses?

Answer: The term "night supervisor" covers a multitude of sins and upon investigation it is often found that such a person is the night administrator, night superintendent of nurses, dispenser, maternity supervisor, and whatever other duties can be thought up for her. If the "night supervisor" takes charge of the building during the night she is for the time being the "administrator." If she is responsible for the nursing care of patients she is also the "night superintendent of nurses," therefore she will report her administration problems to the administrator, her nursing problems to the director of nursing and so on to the other department heads whose responsibilities she assumes during the night period. If she were given her proper title of "night superintendent" or its equivalent, there would be no question of indecision about her responsibilities. This appointment is one of the most responsible ones in the administrative group and yet all too often we find the appointee with very little authority.

Divided Authority

I agree that the position of night supervisor is one of the most important in the hospital and that far too much is usually expected of her. I also agree that she has more responsibility than power. But personally I do not agree that she should be directly responsible to any other administrative authority than the superintendent of nurses who in turn is responsible to the chief administrative officer of the hospital. If at any time it seems desirable that this officer shall confer with the night supervisor direct this can always be arranged with the superintendent of nurses.

The chief duty of any night supervisor is to see that proper nursing care is given to the patients at night. She is a member of the nursing staff and is therefore under the immediate direction of the superintendent of nurses.

In some hospitals far too much is expected of the night supervisor by way of administrative duties. Provision should be made for a junior member of the administrative staff to be on duty until at least 11 p.m. This would allow the night supervisor to do what she ought to be doing: actively supervising the work of the night nurses.

The *Journal* would be glad to hear from other nurses who are qualified to express an opinion on this question of administrative policy.

Department of Public Health Nursing

WHERE WE STAND IN CANADA

ANNA E. WELLS, Chairman, Public Health Section of the Canadian Nurses Association

This is the fifteenth anniversary of the Public Health Section as a unit of the Canadian Nurses Association, and the eighth meeting which has enabled nurses engaged in public health work to meet as a national group. An anniversary calls to mind a particular event which has a special significance for us and in this we are reminded of the aims of this section, which are:

To establish and maintain a constructive and sympathetic relationship between all nurses in Canada;

To keep the Canadian Nurses Association informed concerning the progress made in public health nursing;

To advance the cause of public health nursing by fostering a high standard of service;

To encourage mutual co-operation for the development of a sound, broad, uniform policy of education in public health nursing.

In addition to public health nurses, our membership admits any registered nurse who is interested in public health work. For instance, we find her as an assistant to a recorder of vital statistics and we find her devoting her time to promoting Junior Red Cross and other Red Cross activities. We may even find her selling insurance and annuities, and who will deny the benefits to mental health in promoting this aid to future security, even though obtained at a premium? And since our membership embraces such a wide field, we are assured of a broad and discerning outlook on public health nursing. Another value of the Section is that it is a means for urging us to work towards a solution of the questions and difficulties to which the *Survey* directed our attention four years ago. We are all aware that we need to give more thought than we are giving at the present time to: the conditions under which nurses work in the public health field; the preparation they need and the means for securing it; their relationship to allied workers. Also important is its bearing upon public health nursing services is our responsibility as individual health workers in assisting schools of nursing to provide adequate home and community nursing experience.

In order to stimulate interest in such questions as these, a suggested outline for study was prepared with the idea of leaving it to each provincial section to work out a programme most suitable for its particular needs. It was an ambitious programme, we admit, but if it has accomplished no more than to draw attention to the work and problems in public health and social work, it has served some purpose.

During the last two years as never before, our strength and weaknesses have been shown in high relief along with other types of social services. We have had to listen to the statement that public health nursing is a failure, particularly in the task of health education. Generally speaking, as a professional group we are aware of our limitations; and we are well aware of those factors which limit the fullest development of public health nursing. Are we prepared to answer such criticism? It does raise the question as to our responsibility, as a national section for stating the general principles of public health nursing and the duties and responsib lities of the public health nurse.

This article is a summary of the report of the activities of the Public Health Section of the Canadian Nurses Association. It also summarizes the reports of the Provincial Public Health Sections. These reports were presented at the General Meeting of the Canadian Nurses Association, July, 1936.

A statement of this kind would serve as a guide, particularly for the isolated nurse.

There have been conflicting opinions as to the scope of public health nursing: I believe that these questions should be faced and that we should seek, if need be, the assistance of the allied professions who are also concerned with them, in order to find a satisfactory conclusion. There has also been the problem of unemployment at a time when, more than ever, public health nursing service seemed to be needed, although provincial reports indicate little curtailment. And yet, as relief measures have created a large field for social services, we cannot help wondering why public health nursing services have not been utilized to a greater extent. There is, as well, an urgent need for keeping the public informed regarding the value of the work of public health nurses, if we hope to secure and maintain public interest and support for adequate community nursing services. It has been said that the best machinery makes the least noise; but let us not forget that the best machinery cannot do without lubrication with the oil of public understanding, through public education and public participation.

These questions provide us with food for thought and discussion. And to encourage us in this, the reports of public health nursing activities will present a picture of national nursing service, carried on for the most part under great handicaps, which I am sure will stimulate us to further effort in working towards the objectives of our section — no matter how difficult the tasks we may set for ourselves.

Membership

There is a total membership in the Public Health Section of 1,466 public health nurses out of a total enrolment of 1,666 nurses engaged in public health nursing.

Provincial activities may be summed up as follows:

Prince Edward Island is not organized as a Section, having only five members who find it difficult to meet owing to the distance between their respective fields of work.

Nova Scotia has 63 public health nurses who have considered the formation of a Section, but have decided not to organize at present. Refresher courses have been sponsored by the Halifax Branch of the Registered Nurses Association.

New Brunswick has a membership of 29 nurses but Saint John is the only centre in the province in which there are more than three nurses employed in public health work. Here there is an active Section with a membership of fifteen. During the past two-year period, eight meetings have been held which were well attended. The members also raised nearly a hundred dollars for the benefit of the undernourished children at the Fresh Air Camp.

Quebec has a membership of 584 nurses. Fourteen executive meetings and eight general meetings were held, all of which were well attended. The early months of 1934 were given to the Curriculum study. The education committee held many meetings and also met with other groups. Four general meetings took the form of a refresher course in nutrition, which proved to be a great success.

Ontario, with a membership of 429 nurses, has held eight executive meetings, and one general meeting in each of the ten districts, the programme of which was arranged by the public health representative. The executive committee endeavoured to stimulate the district representatives to further action by supplying them with lists of the Medical Officer of Health in their districts and suggesting that a closer relationship be developed. To secure more uniform and more adequate reports from the Districts, an annual report form was prepared and distributed. Copies of the Ontario Department of Health almanac were sent to the district representatives since this publication contains much material that would assist in planning talks or arranging for group meetings.

The questionnaire received from the National Public Health Section was studied and a re-statement prepared and sent to the district representatives. There has not been time for study of these by the Districts but they will provide material for programmes for the autumn and winter. A panel session was arranged for the annual meeting, the subject being: "How may communities receive public health nursing service?" Eight jurors took part, representing tuberculosis nursing; child hygiene; visiting nursing; school nursing; generalized nursing; the Medical Officer of

Health; the private citizen. The chairman of the jury summed up the presentations fully and the papers presented have been sent to *The Canadian Nurse*.

Manitoba has 97 members. Nine executive meetings were held, and seven general meetings. A general meeting was called to discuss plans regarding the study of the Survey of Public Health Nursing. It was decided that a representative of each public health or industrial nursing group be appointed to meet the executive of the Section and make further plans. Consequently fourteen representatives met with the Executive and it was decided that groups should meet within their own organizations or with smaller groups doing similar work; and that a report of the activity of each organization should be given at the next meeting. At a later meeting reports were read from ten organizations which were most informative, giving a better understanding of the work being done in the province. Joint study groups of the Margaret Scott Nursing Mission, the Victorian Order of Nurses and the Metropolitan Life Insurance reported considerable progress. The Bureau of Child Hygiene reported a study of the report of the Survey of Public Health Nursing by the National Organization for Public Health Nursing.

Saskatchewan, with a membership of 57 nurses, has organized two branches — one at Saskatoon and one at Regina. Both branches have been active in the study of public health problems. In October, 1935, many public health nurses attended the convention of the Saskatchewan Health Officials Association. A resolution was sent from the meeting to the Department of Public Health, emphasizing the need of an increased staff of provincial public health nurses.

Alberta has a membership of fifty-two nurses at four branches, located at Edmonton, Lethbridge and Medicine Hat, with a main branch at Calgary. A total of twelve meetings were held, in which the Edmonton and Calgary branches followed "A study programme of work in Alberta and other centres."

British Columbia has a membership of one hundred and twenty nurses. Two meetings were held, and in addition, affiliation was made with the Health and Welfare Education Group and with the British Columbia Public Health Association, whose meetings were of particular interest. Refresher courses have also been held under the auspices of the Section.

Distribution

The following report regarding public health nursing services in Canada (compiled from the reports of each Provincial Public Health Section) is an effort to give a general view of public health nursing from the Atlantic to the Pacific.

The total number of public health nurses in Canada (population of 10,711,000) is placed at 1,666 as against 1,663 in 1934. Of this number, at least 40 are engaged in generalized, and 682 in specialized work, in eight provinces. In addition there are approximately 25 nurses engaged as field health workers by the Dominion Department of Indian Affairs. Incomplete replies made it impossible to gauge the number of nurses engaged in urban, semi-rural, and rural districts. Likewise the total number of agencies, and their classification into national, provincial, municipal and private agencies could not be tabulated. Of the total number of 587 nurses engaged in specialized work in all provinces except Quebec and British Columbia the approximate number is as follows:

Maternal and child welfare nursing	250
School nursing	185
Mental hygiene nursing	2
Communicable disease nursing, including tuberculosis and venereal disease	51
Industrial nursing	78
Social service nursing	21

Prince Edward Island (population of 88,000) has five nurses employed by the Provincial Health Department in generalized rural and urban service.

Nova Scotia (population 512,846) has 63 nurses, 35 in generalized and 28 in specialized services.

New Brunswick (population 429,000) has 31 nurses, 19 generalized and 12 specialized.

Quebec (population 3,022,000) has 584 nurses employed by 16 agencies of which seven carry a generalized, and nine a specialized nursing service.

Ontario (population 3,700,000) has approximately 625 nurses, of whom 220 are engaged in generalized work by 40 agencies, and 405 in specialized services.

Manitoba (population 726,000) has 105 nurses employed by 23 agencies. In generalized work there are 31 nurses, and 74 are engaged in specialized branches.

Saskatchewan (population 770,000) has 20 agencies which employ 57 nurses; 28 nurses are engaged in generalized and 27 in specialized work.

Alberta (population 660,000) has 76 nurses of whom 37 are in generalized and 39 are in generalized rural and urban service.

British Columbia (population 725,000) has 120 nurses employed by 45 agencies, of whom 25 carry a generalized and 95 a specialized service.

Extension of Services

During the 1934 to 1936 period, new activities in which public health nurses shared were developed as follows:

Prince Edward Island: a dental survey in nine centres for the examination of 4,084 children.

New Brunswick: by establishing a course of instruction in health education and a health consultation service at the Provincial Normal School. All student teachers have a complete physical examination including X-ray of the chest within a month of admission to Normal School. This health service is also carried on for all students in the Universities of the province. Nurses have also increased the distribution of health publications, particularly in maternal and child hygiene.

Quebec: the health service for Federated Agencies in Montreal was extended with the opening of a new clinic for the Family Welfare Association. The Provincial Department of Health appointed four nurses in connection with the colonization scheme.

Ontario: the Eastern Ontario Health Unit has been developing a generalized programme of public health nursing, sanitary engineering and general health work in four counties at the eastern tip of the province, assisted by funds from the Rockefeller Foundation. The nursing staff consists of a supervisor and eight staff nurses. Approximately 57 per cent of the population of Ontario now receive public health nursing service.

Manitoba: assistance was given to the Cancer Relief and Research Institute in the raising of funds from rural residents, and increased use has been made of nursing services for social work in rural areas by relief agencies. Special activities by the Department of Health and Public Welfare have included publicity regarding the need for public health nursing service in rural areas as a means to maintain public interest in such service during the period of depression. A recent development is the passing of regulations for the licensing and supervision of boarding homes and private institutions for the aged and infirm by the Provincial Board of Health and the appointment of a member of the provincial public health nursing service to act as inspector.

Saskatchewan: the programme in health education appears to be meeting with success. There is also an increase in the number of corrections made possible by the assistance of the Dental Fund and the Canadian National Institute for the Blind with the Department of Public Health.

Alberta: eight health districts were organized last year.

British Columbia: nursing services have been established in connection with Health Units in the Peace River Block, with a staff of four nurses, and in Abbotsford with one nurse.

Developments

Developments in educational facilities such as refresher courses, the demand for a higher standard of qualifications, changes in salary, pensions and other matters relating to the improvement of stability of public health nursing services have been reported as follows:

In *Quebec*, a higher standard of qualifications is being demanded. The Municipal Department of Health in Montreal is now asking for registered nurses in good standing, and are beginning to realize the value of the postgraduate course in public health nursing. The Provincial Department of Health has now eliminated all those who are not graduates, and requires that all their nurses be registered. In *Manitoba*, a scholarship is available for postgraduate study offered by the Metropolitan Life Insurance Company. The Winnipeg School Board is endeavouring to put the pensions scheme for its employees, including nurses, on a sound basis. A pension scheme is also being considered for the civil servants of the Provincial Government which will include the public health nurses. In *Alberta*, the Calgary nurses are now entitled to a pension.

There does not seem to have been any movement towards increasing salaries, and in Quebec there have been a few decreases.

Opportunities for Employment

There is an increasing scope for public health nurses in work other than public health nursing. Quebec reports that medical social work is one field of employment in which several nurses are engaged. Hospital social service, mental hygiene and dietetics are also mentioned as fields of service. In Ontario, a few nurses are engaged in hospital social service in two centres. A few public health nurses have held the post of attendance officer;

but since the remuneration is so small and the opportunities so limited, this work is not likely to attract many well prepared nurses. In Manitoba, there is one attendance officer and a director of health education. Some nurses are engaged in summer camps and other welfare activities. There was an opportunity recently for a qualified nurse to consider the position of general secretary of the Young Women's Christian Association. In Saskatchewan, a nurse is in charge of social service work under the auspices of an Anglican Mission. In British Columbia, two nurses are working in conjunction with the Provincial Social Welfare Services.

Difficulties and Problems

The difficulties and problems of nurses in the field of public health mentioned in the provincial reports are particularly significant of the thought and effort being made by public health nurses in effecting improvements in health and social work. In several provinces, the lack of well organized social work handicaps public health nurses at every turn.

Such low salaries are paid to many public health nurses that a situation is created which does not make for the best service. To quote a report from one province:

"The general feeling is that while there may be a few exceptions, public health nurses are no more idealists than any other group of professional women, and they will not expend time and energy when they receive a salary which is barely a subsistence wage. Perhaps the previous low standard of professional preparation has had something to do with this. As long as the agencies employed unqualified persons who were willing to work at a small salary, the qualified nurses, in order to obtain employment had to accept the same. Now that the unqualified have been eliminated, those who are qualified may be able to gain increased remuneration. In industrial nursing, some nurses are not graduates; many are not registered, and very few have had public health training. It is difficult to arouse their interest in public health nursing activities. For a time they had an organization of their own, but this has been dropped. An attempt has been made to reach them through the nursing journals; and it is suggested that the Canadian Nurses Association could help in this matter by contributing articles to the industrial magazines, which would also make employees aware of the value of trained public health nurses. It is felt that the first way of approach is through these journals."

In Ontario, there is a distinct need for greater knowledge on the part of nurses of general administration and civil government. How these requirements may be met in courses of instruction and field experience is a matter for study. In the three prairie provinces of Manitoba, Saskatchewan and Alberta, the difficulty of serving large areas, and the lack of adequate transportation complicated by poor roads, by an inadequate public health nursing staff, remain problems of paramount importance. All these factors are due to depressed economic conditions. In British Columbia, "getting attention for those on the borderline of poverty, and correction of remedial defects" are difficulties with which public health nurses are much concerned. In isolated areas, nurses require better preparation in obstetrical work, and have urged this section to consider and take action in meeting this need.

From the foregoing outline it may be perceived that it is far from being complete in all that we would like to know and tell others about the work of nurses in public health service in Canada. However, we hope that it will serve as a basis for succeeding reports which will depict our current history in all the detail and colour that it deserves.

FLORENCE NIGHTINGALE INTERNATIONAL FOUNDATION

Scholarship

A scholarship of the value of twelve hundred and fifty dollars ($1,250) is offered by the Canadian Nurses Association for the purpose of taking a course, during the session 1937-1938, at Bedford College, London, England, under the auspices of the Florence Nightingale International Foundation. This scholarship covers the cost of tuition fees at Bedford College, and living expenses at Florence Nightingale International House.

Courses are available for either:—

1. Nurse administrators and teachers in schools of nursing.

2. Public health nurses.

Applicants must be graduates of approved Schools of Nursing and be registered in the Province in which they are actively engaged in nursing. The age limit is 41 years. Application blanks and calendars giving full information concerning the courses may be had on request from:

The Executive Secretary
Canadian Nurses Association
1411 Crescent Street - Montreal

to whom completed applications should be returned not later than January 15, 1937, together with the necessary forms and credentials.

The award will be announced on April 1, 1937.

COMING EVENTS

Course for Hospital Social Workers

The School of Nursing, in co-operation with the Department of University Extension, University of Toronto, is planning a lecture course for Hospital Social Workers.

This course will commence the first week in October, in the School of Nursing, University of Toronto; the day and hour to be arranged. There will be twelve lecture periods with opportunity for general discussion.

If sufficient applications are not received within a reasonable time, the course will be withdrawn.

Refunds of money paid can be arranged, in case of inability to attend, up to the first lecture-period of the course. No credits will be given for this work nor will any certificate be awarded. The fee will be $5.00. The lecture course will deal with certain aspects of Social Work as follows: (a) Modern trends; (b) The psychological approach; (c) Publicity.

Application should be made to the Secretary, School of Nursing, University of Toronto, Toronto, Ont.

Refresher Course

The School for Graduate Nurses, McGill University, is offering a Refresher Course during the month of October, 1936. Four lectures dealing with syphilis will be given at 8.30 p.m. in the University Medical Building. The schedule is as follows:

Monday, October 5—Syphilis as a health problem: the situation in Canada and in Montreal. Doctor Gordon Bates, General Director, Health League of Canada.

Tuesday, October 13 — What is known about syphilis. Doctor Ralph E. Powell, Lecturer in Urology, McGill University.

Monday, October 19—Up-to-date methods of diagnosis and treatment. Facilities for treatment and probable outcome of treatment. Doctor Ralph E. Powell.

Monday, October 26—Opportunities and responsibilities of the nurse in controlling syphilis. Mrs. Evangeline Morris, R. N., Social Hygiene Supervisor, Community Health Association, Boston.

The fee is $1.00 for the series.

Department of Nursing Education

ADMINISTRATIVE ASPECTS OF APPROVED SCHOOLS

ANNIE F. LAWRIE, Superintendent of Nurses, Regina General Hospital, Regina, Sask.

The value of a National Curriculum, constructed by our own nurses to meet the needs of our own schools, cannot be overestimated. This curriculum upholds ideals, lays down a carefully planned educational programme with clearly defined requirements and explains what administrative and educational adjustments can be made to bring the school of nursing closer to standards maintained by recognized professional schools. Not only will the curriculum act as a guide in this way, but it will also prove a valuable weapon in meeting arguments and adverse criticisms. There is probably not an administrator here today who has not at one time or another felt the need for just such an instrument to aid in her efforts to obtain improved conditions within the school.

You will find that Chaper 2 contains definite statements regarding the essential administrative requirements of a school of nursing under the following headings:

The school budget.

The hospital as a field for education in relation to its type, size, clinical and community facilities.

The school of nursing committee.

Tuition fees.

Hours on duty and living conditions.

The staff.

The students.

The educational programme.

Regarding the type and size of the hospital, the committee believes that the ideal field for educating the prospective nurse is to be found in the general hospital of between two hundred and four hundred beds, which can offer a well-rounded and balanced experience. In such hospitals the necessary opportunities for education and supervision of the student are more likely to exist than in smaller or larger hospitals. It can readily be understood that such conditions are hardly possible in hospitals with a daily average of less than one hundred beds, nor will the communities in which such institutions are usually located be likely to be large enough to maintain the well-organized health agencies which are necessary to supply the variety of experience required for the preparation of the modern nurse. The use of legislation is strongly recommended for ensuring more uniformity in the type and size of the hospital in which schools of nursing should be established, as well as the systematic inspection of these schools by particularly well-qualified nurses who are not only experienced administrators but are educators and teachers as well.

As far as the budget is concerned, the important consideration is that a system be evolved which will separate, clearly, the cost of nursing education from the cost of nursing service.

The school of nursing committee is the next point of consideration. Every school should carefully select such a committee to determine its educational policies, to act in an advisory capacity to the principal, to interpret its needs to the hospital board, to study its financial needs and to be responsible for securing sufficient funds to meet its educational demands. The success of this committee will greatly depend upon its appointed personnel, who should be selected chiefly for their interest in nursing education and not for their political, business or social standing. It should include the superintendent of

Presented as a part of the discussion of the report of the Curriculum Committee at the Biennial Meeting of the Canadian Nurses Association, July, 1936.

nurses, the superintendent of the hospital, a member of the hospital board and of the medical board, a representative from the field of professional education and the alumnae of the school. It is also considered that representatives from women's and men's organizations in the community would be quite valuable on the committee for obtaining the interest and support of the public.

The success of the educational programme depends upon favourable administrative policies. Every administrator should therefore make it definitely her concern to co-operate whole-heartedly in planning for the carrying out of this curriculum in terms of action.

Book Reviews

MICROBIOLOGY AND PATHOLOGY FOR NURSES, by Charles F. Carter, B.S., M.D., director, Carter's Clinical Laboratory, Dallas, Texas, U.S.A. 682 pages. 138 illustrations. Price, $3.50. Published by the C. V. Mosby Company — 1936. Canadian agents: McAinsh & Co. Ltd., Toronto.

This book is divided into two parts. Part One is an outgrowth of a textbook written by the same author, entitled Bacteriology for Nurses. Part Two will be of special interest to instructors and student nurses because it presents facts concerning the elements of pathology in such a manner as to help nurses to care for their patients more intelligently. The author is fully aware that observation is one of the most important functions of a professional nurse and he does not believe she can satisfactorily perform this delicate and important task unless she "is able to correlate the symptoms of disease with the body changes which produce them, because *symptoms are but the outward expression of internal derangements.*" The illustrations and diagrams are particularly helpful. Each chapter is followed by suggestions for laboratory exercises, questions for review, true-false tests and references. A text such as this naturally implies over-simplification but nevertheless it is exceedingly valuable.

AN INTRODUCTION TO MATERIA MEDICA AND PHARMACOLOGY, by Hugh Alister McGuigan, Ph.D., M.D., Professor of Materia Medica, Pharmacology and Therapeutics, University of Illinois, and Edith P. Brodie, A.B., R.N., formerly instructor in materia medica and therapeutics, Washington University School of Nursing, St. Louis, Mo. 580 pages with 71 illustrations. Price, $3.00. The C. V. Mosby Company—1936. Canadian Agents: McAinsh & Co., Toronto.

Part One of this book deals with elementary materia medica and includes an interesting summary of the history of this science. Great pains have been taken with the three chapters devoted to arithmetic review, weights and measures and solutions. There is an excellent chapter dealing with the site of action of drugs, illustrated by a number of coloured plates, photographs and tracings. Part Two contains chapters dealing with doses and their preparation and with the administration of medicines. There is a good chapter on poisons. The discussion of various drugs is classified under the captions of the various systems, the anatomy and physiology of which is briefly reviewed in each instance. This textbook is recommended for use in schools of nursing.

Notes from the National Office

Contributed by JEAN S. WILSON, Reg. N., Executive Secretary.

International Scholarship

For the fourth consecutive year, the Canadian Nurses Association offers a Scholarship which will enable the successful candidate to take a one-year course at Bedford College for Women, London, England, under the auspices of the Florence Nightingale Memorial Foundation. The Scholarship provides for tuition fees and maintenance but travelling expenses are not included. Nurses wishing to make application for the Scholarship must be members of the Canadian Nurses Association, that is, members of one of the Provincial Registered Nurses Association. Further information will be found in the announcement which appears elsewhere in this issue of the *Journal*.

Provincial Associations

The biennial reports of the Provincial Associations of Registered Nurses, as prepared for the eighteenth General Meeting of the Canadian Nurses Association, have been summarized for publication in this issue of the *Journal*. At the General Meeting, owing to lack of time, and with the approval of the delegates, the reports from Ontario, Quebec, Prince Edward Island and Saskatchewan were taken as read on the understanding that when the provincial reports were being prepared for publication in these Notes, particular attention should be given to the content of the unread reports.

Similar points in the majority of the reports are: membership maintained or increased; adjustment of regulations concerning fees for new members as well as for those in arrears; financial provision made to facilitate the work of the Sections; studies of (a) state health insurance in relation to nursing; (b) community nursing service bureaux and reorganization of registries; (c) Dominion registration for nurses in Canada; increase in the enrolment of nurses for emergency service; gratifying response to the campaign for subscribers to *The Canadian Nurse* and to the Florence Nightingale Memorial Fund. Outstanding points in the reports of provincial sections are recorded in the reports of the three National Sections as published in the September issue of the *Journal*. The reports of the provincial sections indicate that there is an increased tendency in the provincial associations to develop certain activities through the sections. This policy is commended and should become more widespread if the sections, national and provincial, are to serve their purpose.

Alberta

Since January, 1935, candidates to accredited schools of nursing in Alberta must satisfy the Senate of the University of Alberta that they have passed the Grade XI examination of the Provincial Department of Education or have the equivalent educational standing. Inspection of schools of nursing is conducted and financed by the University of Alberta. The Inspection Committee consists of the Registrar of the University of Alberta and a representative from each of the Provincial Medical and Registered Nurses Associations. This year the Alberta Association of Registered Nurses undertook to finance an adviser to the schools of nursing for a period of two months. The Association awards biennially a scholarship of $500.00 for postgraduate study. Applicants must be graduates of schools of nursing in Alberta and members of the Association.

In 1932, as an experiment, a school of nursing with a four-year course was established at the Mental Hospital, Ponoka. Two years are spent at this Mental Hospital and two years in a general hospital. This year, five nurses obtained the diploma in general and psychiatric nursing. For the past four years the Mental Hospital, Ponoka, has offered a one-year postgraduate course.

In 1935 the Provincial Legislature passed a Bill relating to health insurance which provides "that nursing services would mean professional services ordinarily afforded by registered nurses within the meaning of the Registered Nurses' Act of Alberta."

Within the past two years the Association

undertook to finance an experiment of placing an unemployed nurse in a community where a nursing service was needed and under the supervision of a Provincial Public Health Nurse. (See *The Canadian Nurse*, September 1935, p. 501). Refresher courses for members of the Association were held in 1935 at the University of Alberta and in 1936, in Calgary, in conjunction with the annual meeting.

British Columbia

The Registered Nurses Association of British Columbia reported marked activity. In 1935, the Registered Nurses' Act was amended. A long desired change in name was obtained, that is, from Graduate Nurses Association to Registered Nurses Association. Other amendments by which the profession is definitely strengthened and the members given greater protection are: (1) legalizing the minimum educational requirements of Junior Matriculation; (2) legalizing the requirements of hospitals which wish to maintain a school of nursing. (See *The Canadian Nurse*, September 1935, p. 416).

The Health Insurance Act of British Columbia necessitated considerable study. Conferences were held with allied interested organizations. The Association went on record as endorsing the principle of health insurance and urged that (1) nurses employed under the Act should receive standard fees and work standard hours; (2) some type of enrolment scheme similar to the National Enrolment of Nurses be put into effect in the more sparsely settled areas in the province; and (3) it was pointed out that while free choice of doctor was truly democratic, the open ward system in hospitals with schools of nursing presented definite problems in teaching, hence the necessity for governmental endorsation of a policy whereby procedures in hospitals with schools of nursing should be standardized.

A two-weeks refresher course for all nurses was arranged in co-operation with the University of British Columbia. A scholarship of $400.00 is being awarded this year to a member of the Association for a postgraduate course at the University of British Columbia. A study of a community nursing service bureau in a small city was made by a special committee. Reciprocal arrangements are now in effect between the Association and the General Nursing Councils for (1) England and Wales, (2) Scotland.

Manitoba

The Manitoba Association of Registered Nurses revised the form for the application for membership. An active interest has been taken in the Curriculum for Schools of Nursing and in the establishment of more definite affiliation for psychiatric nursing. The Association decided to appoint a School of Nursing Adviser. A set of lantern slides depicting the history of nursing is owned by the Association and is loaned, in turn, to all schools of nursing in Manitoba. Among annual financial contributions to various nursing projects is one toward the support of a native nurse in India. Arrangements for reciprocal registration have been completed with the General Nursing Councils for (1) England and Wales, (2) Scotland, (3) Northern Ireland, and (4) The Irish Free State.

New Brunswick

During the past biennial period the New Brunswick Association of Registered Nurses endeavored to secure better educational standards for the schools of nursing in the province. The legislation committee worked faithfully upon the terms of a new Act for the Registration of Nurses. In April 1936, the new Bill was presented before the Corporations Committee of the Provincial Legislature. The nurses were supported by the New Brunswick Council of Physicians and Surgeons. They were opposed by the small hospital group of the New Brunswick Hospital Association which has strenuously opposed all effort made by the Association to improve educational standards for nurses. The Bill remained two weeks in Committee after which time it was withdrawn. It is regretted that accomplishment in this matter cannot be reported. In spite of defeat, the Association intends to continue the effort to advance educational standards for nurses in New Brunswick. During 1936, the secretary-registrar of the Association, with the approval of the hospital authorities, is visiting each school of nursing in the province.

Nova Scotia

The Registered Nurses Association of Nova Scotia reported that, through the efforts of the branch formation committee, several branches had been organized. The legislation committee interviewed all those employing nurses to ensure the employment of members of the Association rather than partially trained nurses. Through the narcotics committee a study was made of the Federal Narcotics Act as it applies to nurses. The report of the committee was distributed to the branches. The library committee, which has charge of a library in the registrar's office, recommends books and periodicals to be purchased. Books are loaned without charge for two weeks to all members.

In 1935, a loan fund for $600.00 was established by the Association to assist two of its members to undertake postgraduate study.

The loan is for a three-year period, without interest. A refresher course for all nurses was held in Halifax, while several branches arranged similar courses locally.

Ontario

At the request of the board of directors of the Registered Nurses Association of Ontario, the legislation committee prepared a memorandum containing definite requests which related to the major problems in regard to nursing education in Ontario. This memorandum was presented to the Minister of Health in February, 1935, by a delegation representative of all parts of the province. Following this presentation a special committee was appointed, with representatives from the Department of Health and the Association, to study these requests. Later, the findings were presented to the Minister of Health. In September 1935, at the request of the Minister of Health, three members of the legislation committee were appointed to serve on a special committee which is to consider the revision of the rules and regulations relating to the registration of nurses and the conduct of training schools.

At the annual meeting in 1936, the permanent education fund committee reported that the objective for the five-year period, $10,000.00, was in sight. The fund was raised by the members and becomes the nucleus of a permanent education fund. For a trial period of three years the fund becomes a loan fund and is to be administered by a trust fund committee and an administrative committee. At the end of the trial period, future policy will be considered.

Following a study of nursing service in a health insurance plan, a statement was prepared and forwarded to the Premier of Ontario and the Ministers of Health and Public Welfare. In June, 1934, the first step was taken toward obtaining statistical evidence of the need for a better distribution of nursing services through some comprehensive survey of the sick in Ontario. Each of the nine district chairmen organised her district so that the specially prepared questionnaire was presented simultaneously by a nurse to each physician canvassed. The information sought referred to the previous day only. Large cities were excluded in the canvass as the information required could be obtained from health and welfare agencies. The report of the survey will be published later.

The Association appointed a committee on publicity to initiate and carry on a well-considered programme of public education with reference to all phases of nursing service; also

WANTED:

A LADY SUPERINTENDENT

Applications are invited for the position of Lady Superintendent for The Portage la Prairie General Hospital. The applicant must be a Registered Nurse and capable of acting as Instructress to nurses in training and of taking full charge of the Hospital. Duties to commence October 15, 1936.

Applications should be delivered, on or before October 8, 1936, to the Secretary-Treasurer and must state experience, give references and name the salary expected. Address all communications to:

C. H. DIEHL,
Secretary-Treasurer,
The Portage la Prairie General Hospital
PORTAGE LA PRAIRIE, MAN.

WANTED:

A NIGHT SUPERVISOR

Applications are invited for the position of Night Supervisor. The applicant must have had post-graduate experience in supervision. Salary $75.00 per month with full maintenance. Duties to commence November 1, 1936.

Applications will be received up to October 20, 1936, and should be addressed to:

MISS EDITH AMAS
Director of Nursing,
Saskatoon City Hospital,
SASKATOON, SASK.

Royal Victoria
Montreal Maternity Hospital

POSTGRADUATE COURSES
are offered in

(a) Obstetrical Nursing: 3 months

(b) Gynaecological Nursing: 2 months

Students may enroll for either course singly, or for both courses to be taken consecutively.

Each student will be granted a certificate upon the successful completion of a course.

Full maintenance will be provided.

For further particulars regarding the course in theory and the clinical experience afforded in each course, write to:

The Supervisor of Nurses,
ROYAL VICTORIA
MONTREAL MATERNITY HOSPITAL
Montreal, Canada.

REGISTRATION OF NURSES
Province of Ontario

EXAMINATION ANNOUNCEMENT

An examination for the Registration of Nurses in the Province of Ontario will be held in November.

Application forms, information regarding subjects of examination, and general information relating thereto, may be had upon written application to

A. M. MUNN, Reg. N.
Parliament Buildings, Toronto

a committee to study all forms of insurance for nurses whose duty it is to keep the members informed of any new policy being brought into force.

In 1935, two nurses were appointed to assist the inspector of training schools, one in the supervision of schools of nursing conducted by general hospitals, and one who is responsible to the office of the inspector with regard to the school of nursing programme in all provincial institutions and to the director of the Hospitals Division for the supervision of actual nursing services in the Ontario hospitals for mental diseases.

From 1931 to 1935, seventeen general, three special and three provincial hospitals discontinued their schools of nursing. In 1935 there was a sharp decrease of 312 applicants for the examination for the registration of nurses.

Refresher courses were given by the School of Nursing, University of Toronto, and the Institute of Public Health, London.

Prince Edward Island

The Registered Nurses Association of Prince Edward Island controls and finances the examinations for the registration of nurses. The executive committee of the Association has arranged (with the aid of grants from hospitals) for available funds to defray the expenses of a part-time inspector of schools of nursing, if such an arrangement can be made with one of the other maritime provinces. Special study of state health insurance was augmented by lectures by members of the medical profession. Opportunities have been provided for postgraduate studies in tuberculosis and dental hygiene. Several subjects have been added to the curriculum.

Quebec

The Association of Registered Nurses of the Province of Quebec awards two scholarships annually, each for $250.00, one to an English-speaking member for a year at the School for Graduate Nurses, McGill University, and one to a French-speaking member for a year at l'Institut Marguerite d'Youville, l'Université de Montréal. Altogether, twenty-eight of these scholarships have been awarded.

To aid in the national enrolment of nurses for emergency service, the Association has put into effect a classification according to a zoning system throughout the province.

Two members of the Association have taken advantage of the Exchange of Nurses plan and are spending a year in South Africa. A number of refresher courses were held; some for all nurses, others for special groups.

The school of nursing visitors' report states

that there is excellent teaching equipment in the schools of nursing, including demonstration rooms and laboratories; where the latter are not available, temporary substitutes have been found. Each school has at least one full-time instructor, the numbers increase with the size of the student group. Affiliations with public health organizations have been maintained. A routine procedure relating to registration examination marks was adopted within the biennial period under review. The marks are now graded, and confidential reports of the results are sent to the principal of each school of nursing, the objective being to indicate the need, when necessary, to check teaching methods.

A tentative plan has been drafted whereby an experiment in a community nursing service bureau may be undertaken for a period of one year, the Montreal Graduate Nurses Association having loaned their equipment and staff for that period to assist the enterprise. The report explains "our objective is to effect a better nursing service in the community and to control the services of all who nurse the sick for hire, through this bureau; this may eventually pave the way for the legislation we hope to achieve."

Saskatchewan

The Saskatchewan Registered Nurses Association report concludes by stating "probably at no time has the general membership of the Association been so actively engaged in studying the wider phases of professional organization both as they affect the profession itself, as in the matters of nursing education and Dominion registration, and in community nursing service represented by projects in organisation of nursing services, the licensing of all who nurse the sick for hire and in endeavouring to bring nursing service within the reach of the restricted income of many under present conditions." The adoption of an eight-hour day for student nurses has been discussed with hospital authorities; the idea has been favourably received by the latter bodies but effective measures must be postponed due to lack of finances and the additional accommodation necessary for a larger nursing staff. The nurses of Saskatchewan optimistically anticipate the establishing of the eight-hour day whenever conditions permit.

The Association, through a special committee, made a thorough study and then prepared a plan by which a community nursing service bureau could be established in a city of approximately 20,000 population.

NIGHTINGALE MEMORIAL FUND

Contributions to the Florence Nightingale Memorial Fund have been received as follows:

Alberta

Staff, Central Alberta Sanitorium, Calgary	$ 5.50
Staff and Students, Calgary General Hospital	15.15
Married Nurses and Interested Friends, Calgary	2.00
A.A., University Hospital, Edmonton	10.00
Graduate Staff, University Hospital, Edmonton	23.25
Student Nurses, General Hospital, Edmonton	5.00
Married Nurses and Interested Friends, Edmonton	10.50
Graduate Nurses Association, Lethbridge	10.00
Mrs. O. M. Findlay, Red Deer	1.00
Staff, Municipal Hospital, Grand Prairie	5.00
Alberta Association of Registered Nurses (Private Duty Section)	10.00

Manitoba

A.A., Children's Hospital, Winnipeg	10.00

Ontario

Nursing Staff, Muskoka Hospital for Consumptives, Gravenhurst	15.00
A.A., Hôtel Dieu, Kingston	3.00

IN A CHINESE SETTING

In the February issue of the *Journal* we published an article entitled "Better Babies in Hoiryung," written by Beulah Bourns of the Korea Mission of the United Church of Canada. In July it was a real pleasure to hear from Miss L. Clara Preston of Changte, North Honan, China, that she had found this article "just what I needed." Miss Preston has kindly sent us the following letters. Read them and enjoy the charm of nursing — in a Chinese setting.

Changte, May 19, 1936.

Dear Friends:

The days have been full and the letters have stayed unanswered in my drawer but now I want to tell you about our graduation. This year we have been hoping to get a few new things started, such as reclaiming gauze, a baby clinic and a cheap obstetrical service, and we hoped to have our first class graduate. We started the reclaiming of gauze and the woman in charge certainly makes it clean in spite of difficulties and it is not an easy job. It will save a good deal of money.

We have had two cases in our cheap obstetrical service, but it is one place where the Chinese think they can save money. Why spend a dollar or two dollars for a confinement when their mothers and grandmothers just had the old midwives from the street? There is a great deal of poverty around about and even two dollars is too much to have to pay.

Our April baby clinic was quite a success. I saw an account in *The Canadian Nurse* and it gave me an idea for a start. They had had one in Korea and it was a great success. We sent out red invitations to any one who would be likely to come, and to those babies who were born in the hospital. It was a very windy, dusty day and not inviting to bring babies out in, but we had about sixty mothers and babies besides school boys and girls, also the pastors around about.

Suitable posters were hung on the walls and the room was arranged with benches, chairs and tables. On one table we had babies' clothes and one of the school girls was in charge of this department. On another table were books which were available for mothers who could read about child training. A sandbox and toys were in another part of the room, which the children enjoyed to the full. Down the centre were three large tables with a display of food which should be given to small children up to two years old. Hygienic baby feeding is practically unknown in China. Another room was fixed up for bathing, weighing, and measuring the babies, for those who wished to have their babies washed. Likely some had a bath for the first time in their lives. The clinic was to be held monthly, but May was cold so we only had about sixteen out but we hope to work it up so that it will be available to help mothers who appreciate it.

This week was our first nurses' graduation We were fortunate in having three good girls in our senior class. Their first six months' training was given in Weihwei in our Central School under Mrs. Ratcliffe. When our nurses

A Chinese Graduating Class

came back to us we had just opened up our first nursing ward, the spring rush was on, and patients were waiting for care. A new Chinese graduate had just come to us and everything was new to her. One girl had to go on night duty at once, and the graduate nurse with two newly-capped nurses looked after the ward with the help of some of our former hospital assistants.

Graduation was looked forward to with a great deal of pleasure by all. Dr. Chang of TaoK'ow gave us a helpful address. Miss Chao gave the valedictory address and Miss Li a farewell message to the graduating class. The three graduating nurses sang a farewell song and it was very nice: the Hawaiian farewell song with Chinese words. The diplomas of the Nurses' Association of China and those granted by the Hospital were presented and a special prize given to the nurse who we thought had "gone the second mile," while in training. A photo was taken, refreshments were served, and in the evening they had the treat of seeing good movies shown by Mr. Faris. This has been a dream for years and it hardly seems possible it had really and truly happened.

The City and County need the help of many graduate nurses and we hope it is just the beginning of a service to their people, their country and their God, which will be a blessing to all who give and who receive.

News Notes

News items intended for publication in the ensuing issue must reach the *Journal* not later than the eighth of the preceding month. In order to ensure accuracy all contributions should be typewritten and double-spaced.

ALBERTA

CALGARY: A happy event was the garden party recently given by the Alumnae Association of the School of Nursing of the Calgary General Hospital in honour of Miss Marion Moodie, the first graduate of the School. Miss Grace Ackland opened her home and spacious garden for the occasion and many members called during the afternoon.

Mrs. J. W. Pattee, formerly Miss Lillian Kerr (C.G.H., 1925) has left for Peking, China, to become a medical missionary.

MEDICINE HAT: On August 11, 1936, the nurses-in-training at the Medicine Hat General Hospital entertained in honour of Miss May Reid, instructress of nurses at the Medicine Hat General Hospital, who is leaving to take up her new duties in St. Paul's Hospital, Saskatoon. Mrs. Wm. Lynch (Julia Jorgenson) was also an honoured guest. Both were presented with gifts from Miss Mary Murray, superintendent of nurses, the nurses-in-training and the staff nurses, the presentations being made by Miss Pearl Christie.

The graduating exercises of the School of Nursing of the Medicine Hat General Hospital were held recently when eight nurses took part in the ceremony and Mr. J. H. Chaseley, president of the board of directors, was in the chair. Prizes were awarded to the following: general proficiency, Miss P. Sanderson; good conduct and practical nursing, Miss G. White. The medal for obstetrical nursing was presented to Miss P. Sanderson and the medal for surgical nursing to Miss D. White. The address to the graduating class was given by Dr. F. W. Gershaw. Following the exercises a reception and dance was held in honour of the graduating class.

MARRIED: On March 7, 1936, Miss Vera Crandall (M.H.G.H.) to Mr. Leslie Brown.

MARRIED: On July 11, 1936, Miss Julia Jorgenson (M.H.G.H.) to Mr. Wm. Lynch.

MANITOBA

GRACE HOSPITAL, WINNIPEG: An Alumnae Association has recently been organized by the graduates of the School of Nursing of Grace Hospital. The following officers have been elected: President, Miss G. Bodvarson; first vice-president, Miss Anna MacAuley; second vice-president, Miss Gladys Rowle; treasurer, Miss Amy Parliament; secretary, Miss Joan Bryant, Grace Hospital, Winnipeg.

NOVA SCOTIA

TRURO: The annual meeting of the Maritime Conference of the Catholic Hospital Association took place in Truro on July 9 and 10. Sister Kerr, R.N., Reg. Ph., Hotel Dieu Hospital, Campbellton, presided. Representatives from nearly all Catholic Hospitals of the Maritimes attended. Dr. G. Harvey Agnew was the chief speaker of the first day's session. His excellent address on "Weak points in hospital administration" was replete with practical suggestions. This was followed by a round-table discussion on various hospital topics. The afternoon was devoted to the reading of reports from the various committees, which opened lively discussions. There were also sectional meetings of committees and technicians. In the evening, Rev. J. F. Ryan, St. Thomas College, Chatham, presented an illustrated lecture on the history of nursing, which proved very interesting. The morning of the second day was devoted to social service. This topic was opened with a very inspiring and thought-providing address by Rev. Dr. John E. Burns of Halifax. Reports were given of social service work from New Brunswick by Sister M. Veronica, R.N., of Saint John; from Prince Edward Island by Sister John Baptist, R.N., of Charlottetown, and from Nova Scotia by a Sister of St. Martha, Antigonish. The reports showed a great deal of activity on the part of the Catholic Hospitals in the Maritime Provinces to improve the moral, social and economic conditions which prevail at the present time. An excellent lecture on the "Liturgical movement" was delivered by Dr. John E. Burns in the afternoon. A business meeting of the Association and election of officers concluded a very successful meeting. The new officers are: President, Sister M. Josepha, Superior, Hamilton Memorial Hospital, North Sydney, N.S.; vice-president, Sister John Baptist, Antigonish, N.S.; secretary, Sister M. Ireneaus, R.N., Directress of Nurses, Hamilton Memorial Hospital, North Sydney, N.S.; *executive committee*: Mother M. Ignatius, Superior General, Sisters of St. Martha, Antigonish, N.S.; Mother Angela de Brescia, Superior, Hotel Dieu of the Assumption, Moncton, N.B.; Sister Anna Seton, R.N., Superior, Halifax Infirmary, Halifax, N.S.; Sister Augustine, R.N., Directress of Nurses, Halifax Infirmary, Halifax, N.S.; Sister Harquail, R.N., Hotel Dieu of St. Joseph, Campbellton, N.B.; Sister Mary Peter, R.N., Directress of Nurses, St. Martha's Hospital, Antigonish, N.S.; Sister Paul of the Cross, R.N., Directress of Nurses, Glace Bay, C.B.; Sister M. Hugh, R.N., City Hospital, Charlottetown,

P.E.I. Conveners of committees were elected as follows: legislation, Rev. Dr. John E. Burns, Halifax, N.S.; education, Sister St. Stanislaus, R.N., Chatham, N.B.; publicity, Sister Mary Peter, R.N., Antigonish, N.S.

ONTARIO

ONTARIO DEPARTMENT OF HEALTH: Miss Elizabeth Edwards, B.A., graduate of the School of Nursing of Kingston General Hospital and of the public health nursing course given at the School of Nursing of the University of Toronto, 1931, has been appointed public health nurse in Simcoe, to succeed Miss Eva Bennett, who was married recently.

A public health nursing service is being re-established in Fort Frances, and Miss Jean Algie has been appointed to this position. Miss Algie is a graduate (1933) of the School of Nursing of the Royal Victoria Hospital, Montreal, and the public health nursing course given at the School of Nursing of the University of Toronto.

Miss Elva Brett, graduate of the School of Nursing of Toronto Western Hospital (1933) and the public health nursing course, given at the School of Nursing of the University of Toronto (1936) succeeds Miss Ishbel Corrigan as public health nurse in Dryden. Miss Corrigan was married in August and will reside in Dryden.

The Ontario Division of the Canadian Red Cross Society is sponsoring a public health nursing service for Manitoulin Island and Miss Muriel Rice has been appointed for this work. Miss Rice is a graduate (1936) of the School of Nursing of the New Liskeard Hospital and of the public health nursing course given at the University of Western Ontario. She was formerly engaged in outpost hospital work with the Red Cross Society.

Miss Nora Hanna, a graduate of the School of Nursing, St. Luke's Hospital, New York, and a postgraduate of the public health nursing course given at the School of Nursing of the University of Toronto (1936), has been appointed as public health nurse, for Midland, to succeed Mrs. Caroline Hood, who has retired.

Miss Helen Thompson, a graduate of 1932 of the four-year course in public health nursing formerly given under the joint auspices of the School of Nursing of the Toronto General Hospital and by the School of Nursing of the University of Toronto, has been engaged to relieve Miss Elizabeth Jones as public health nurse in Weston.

DISTRICT 1

LONDON: Miss Dorothy Kennedy, a member of the staff of the Ontario Hospital, has left on an extended vacation in the British Isles. Miss Alberta Sorell (Ontario Hospital School of Nursing, 1935) was recently married to Mr. Fred Sims. They will reside in England.

DISTRICTS 2 AND 3

BRANTFORD: A meeting of the Alumnae Association of the B.G.H. was held recently with a large number of members present, including the 1936 graduating class. The 1929 class recently held a class reunion. The members journeyed to Hamilton, where a dinner and theatre party were greatly enjoyed.

Miss Aileen Mair (B.G.H., 1926) was a recent visitor to Brantford. Miss Claire Henderson, a graduate of the School of Nursing of the University of Alberta, Edmonton, was recently the guest of Miss Jessie M. Wilson, B.G.H.

MARRIED: On August 8, 1936, Miss Kathleen E. Poss (B.G.H., 1935) to Dr. W. E. Riddolls.

MARRIED: On August 29, 1936, Miss E. Edith Jardine (B.G.H., 1935) to Mr. Eldon Fidlen.

WOODSTOCK: Miss Lazelle Mitchener (W. G.H., 1927) is taking a postgraduate course at the Women's Hospital, Detroit, Mich. Work is progressing rapidly on Gissing House, the new addition to the Nurses' Residence. Miss Ruby Wright is spending her vacation abroad.

MARRIED: On July 16, 1936, Miss Gladys Richards (W.G.H., 1934) to Mr. Willard Morris.

DISTRICT 4

HAMILTON GENERAL HOSPITAL: The Alumnae Association held its regular meeting recently with a good attendance. Miss Schiefele gave an interesting report of the Biennial Meeting of the Canadian Nurses Association.

MARRIED: On June 27, 1936, Miss Isabel

Findlay (H.G.H., 1934) to Mr. David S. Charlton.

MARRIED: In August, 1936, Miss Eva Bennett (H.G.H., 1931) to Mr. William Hobbs.

MARRIED: On August 10, 1936, Miss Leone M. Boyd (H.G.H., 1931) to Dr. Isaac Sutton.

MARRIED: On September 4, 1936, Miss Helen Tilley (H.G.H., 1932) to Dr. Reginald Empey.

MARRIED: In August, 1936, Miss Irene Smith (H.G.H., 1935) to Mr. Harold W. Bryant.

DISTRICT 5

MARRIED: On June 27, 1936, Miss Margaret Smale (T.G.H., 1932) to Mr. Ralph Comfort.

MARRIED: Recently, Miss Ruth Pike (P.H., 1933) to Mr. John MacFarland.

MARRIED: On June 27, 1936, Miss Ruth Mayhew (T.G.H., 1932) to Mr. Harold McCutcheon.

QUEBEC

QUEBEC: JEFFERY HALE'S HOSPITAL: Mrs. Karran (J.H.H., 1921) superintendent of Wakefield General Hospital, Michigan, U.S.A., recently visited old friends at the Hospital. Mrs. Elliott (J.H.H., 1922) is relieving on the staff at the Joyce Memorial Hospital, Shawinigan Falls, P.Q.

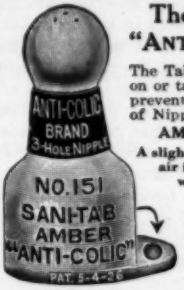
SASKATCHEWAN

SASKATOON CITY HOSPITAL: Miss M. M. Gooderham (S.C.H., 1933) and Miss E. G. Crosbie (S.C.H., 1933) are taking a course in teaching and supervision at the School for Graduate Nurses of McGill University; Miss Anne Ferguson (S.C.H., 1933) and Miss Eileen Robson (S.C.H., 1934) are doing postgraduate work at Harper Hospital, Detroit. Miss Myrtle Carlson (S.C.H., 1935), Miss Marguerite Jackett (S.C.H., 1935), Miss Irene Henderson (S.C.H., 1936), Miss Alice Bembridge (S.C.H., 1936), and Miss L. A. Greenshields (S.C.H., 1936) are all taking postgraduate work at the Sanatorium, Saskatoon. Miss Hazel Jean Calder (S.C.H., 1935) has been appointed assistant night supervisor in the Saskatoon City Hospital. Mrs. Luke Ellison (née D. Harris, S.C.H., 1918), of Yuma, Arizona, recently visited her friends in Saskatoon.

MARRIED: Recently, Miss Palma L. Fieve (S.C.H., 1933) to Mr. Alfred Manville.

MARRIED: On August 22, 1936, Miss Lorena M. Attrill (S.C.H., 1933) to Mr. George C. Nethercott.

MARRIED: Recently, Miss Marjorie L. Roxburgh (S.C.H., 1932) to Mr. Kenneth Henderson.



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AN AUTUMN HOLIDAY

If you are taking your holidays late this year you may be interested in knowing that a series of fifty-three cruises of varying duration has been arranged during the Autumn to the most attractive areas of the Caribbean Sea and mainland. Mr. Victor E. Eke, Passenger Traffic Manager of the Canadian National Steamships, says that travellers from the north are seeking the variety and novelty of scene presented by the colonial resorts of this unique southern holiday territory, where palm trees flourish midst a medley of people strange to the northerner and where fine sandy beaches invite the visitor at every port. More and more holiday-makers are now taking a cruise during October or November, instead of in the peak of the summer season, it being realized that the later months are just as favourable for such a voyage. Some of these cruises provide for a period ashore varying from two to twelve days at some of the attractive colonies in the British West Indies, a marked feature of this period ashore being the inclusion of transfer charges, hotel accommodation and meals in the round-trip cruise fare.

Cruises by "Lady" liners from Montreal, occupying a period of twenty-five days, take you to the mountainous island of Jamaica, where two days are spent ashore, with calls at Bermuda and the Bahama Islands going and returning. There will also be "vagabond cruises" aboard the passenger-carrying freighters, Chomedy and Colborne, of thirty-eight days' duration from Montreal Viâ Halifax on leisurely voyages to Puerto Rico, Barbados, Trinidad and British Guiana, with calls at St. Kitts, Antigua, Guadeloupe, Martinique, St. Vincent, Grenada and other islands when sufficient cargo offers.

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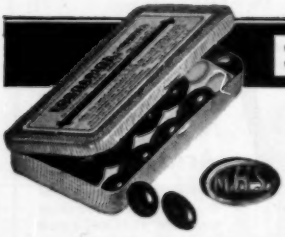

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First Vice-President.....Miss G. M. Fairley, General Hospital, Vancouver, B.C.
Second Vice-President.....Miss M. L. Moag, 1246 Bishop Street, Montreal, P.Q.
Honorary Secretary.....Miss E. J. Wilson, 592 Henderson Highway, Winnipeg, Man.
Honorary Treasurer.....Miss M. Murdoch, General Hospital, Saint John, N.B.

COUNCILLORS AND OTHER MEMBERS OF EXECUTIVE COMMITTEE

Numerals preceding names indicate office held, viz: (1) *President, Provincial Nurses Association;* (2) *Chairman Nursing Education Section;* (3) *Chairman, Public Health Section;* (4) *Chairman, Private Duty Section.*

Alberta: (1) Miss Kate S. Brighty, Administration Building, Edmonton; (2) Miss H. S. Peters, University Hospital, Edmonton; (3) Miss R. Chittick, Normal School, Calgary; (4) Mrs. M. Tobin, 385-4th Street, Medicine Hat.

British Columbia: (1) Miss G. M. Fairley, General Hospital, Vancouver; (2) Miss A. J. MacLeod, General Hospital, Vancouver; (3) Miss M. Kerr, Eburne; (4) Miss E. Paulson, 432 Ash St., New Westminster.

Manitoba: (1) Miss S. Wright, 340 St. Johns Ave., Winnipeg; (2) Miss E. Mallory, Children's Hospital, Winnipeg; (3) Miss C. Maddin, Enfield Apts., Preston Ave., Winnipeg; (4) Miss P. Brownell, 215 Chestnut St., Winnipeg.

New Brunswick: (1) Miss A. J. MacMaster, Moncton Hospital, Moncton; (2) Sister Corinne Kerr, Hôtel Dieu Hospital, Campbellton; (3) Miss A. Burns, Health Centre, Saint John; (4) Miss M. McMullen, St. Stephen.

Nova Scotia: (1) Miss Marion Haliburton, 40 South St., Halifax; (2) Miss V. I. Winslow, Children's Hospital, Halifax; (3) Miss A. Slattery, Windsor; (4) Mrs. E. M. Haliburton, 169 Quinpool Road, Halifax.

Ontario: (1) Miss E. Cryderman, 281 Sherbourne St., Toronto; (2) Miss R. M. Beamish, Toronto Western Hospital, Toronto; (3) Miss M. Walker, Institute of Public Health, London; (4) Miss J. L. Church, 120 Strathcona Ave., Ottawa.

Prince Edward Island: (1) Miss Anna Mair, P.E.I. Hospital, Charlottetown; (2) Miss F. Platts, P.E.I. Hospital, Charlottetown; (3) Miss M. Wilson, Dept. of Public Health, Charlottetown; (4) Miss H. Solomon, Charlottetown Hospital, Charlottetown.

Quebec: (1) Miss C. V. Barrett, Royal Victoria Maternity Hospital, Montreal; (2) Miss M. Batson, The Montreal General Hospital, Montreal; (3) Miss M. I. Brady, 3504 Park Ave., Apt. 18, Montreal; (4) Miss L. Urquhart, 1832 Lincoln Ave., Apt. 20, Montreal.

Saskatchewan: (1) Miss A. F. Lawrie, Regina General Hospital, Regina; (2) Miss E. Amas, City Hospital, Saskatoon; (3) Miss E. Smith, Normal School, Moose Jaw; (4) Miss H. E. Wills, 2840 Robinson St., Regina.

CHAIRMEN, NATIONAL SECTIONS

NURSING EDUCATION: Miss M. Lindeburgh, School for Graduate Nurses, McGill University, Montreal. PUBLIC HEALTH: Miss A. E. Wells, Dept. of Health, Legislative Bldg., Winnipeg. PRIVATE DUTY: Miss J. L. Church, 120 Strathcona Ave., Ottawa.

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Provincial Associations of Registered Nurses

ALBERTA

Alberta Association of Registered Nurses

Acting President, Miss K. Brighty, Administration Bldg., Edmonton; Second Vice-President, Sister Mansfield, Holy Cross Hospital, Calgary; Registrar-Secretary-Treasurer, Mrs. A. E. Vango, 11109-83 Ave., Edmonton; *Chairmen of Sections: Public Health*, Miss R. Chittick, Normal School, Calgary; *Nursing Education*, Miss H. S. Peters, University Hospital, Edmonton; *Nursing Education*, Mrs. M. Tobin, 385-4 St., Medicine Hat, Alta.

BRITISH COLUMBIA

Registered Nurses Association of British Columbia

President, Miss G. M. Fairley, Vancouver General Hospital, Vancouver; First Vice-President, Miss E. G. Breeze; Second Vice-President, Miss M. Duffield; Secretary, Miss C. C. Tretheway, 520 Vancouver Block, Vancouver; *Councillors:* Miss M. P. Campbell, Miss M. Mirfield, Miss K. Sanderson, Sister Mary Gregory; Registrar, Miss Helen Randal, 520 Vancouver Block, Vancouver; *Committee Conveners: Nursing Education*, Miss A. J. MacLeod, Vancouver General Hospital; *Public Health*, Miss M. Kerr, Eburne; *Private Duty*, Miss E. Paulson, 432 Ash St., New Westminster.

MANITOBA

Manitoba Association of Registered Nurses

President, Miss Sadie Wright, 340 St. Johns Ave. Winnipeg; First Vice-President, Miss J. Houston Ninette; Second Vice-President, Miss E. Fraser, Children's Hospital, Winnipeg; Third Vice-President, Rev. Sister Krause, St. Boniface Hospital, St. Boniface; *Members of Board:* Miss C. Macleod, Brandon General Hospital; Miss E. Robertson, King George Hospital, Winnipeg; Miss H. Tregear, Carman; Miss E. Parker, Ste. 25, 580 Broadway Ave., Winnipeg; Miss I. Broadfoot, 11 Anvers Apts., Winnipeg; Miss J. Stothart, Dauphin; Miss A. Baird, 247 Colony St., Winnipeg; *Conveners of Sections: Nursing Education*, Miss E. Mallory, Children's Hospital, Winnipeg; *Public Health*, Miss C. Maddin, Enfield Apts., Preston Ave., Winnipeg; *Private Duty*, Miss P. Brownell, 215 Chestnut St., Winnipeg; *Committee Conveners: Social*, Miss J. Roberts, Deer Lodge Hospital, Deer Lodge; *Visiting*, Mrs. J. Morrison, 184 Brock St., Winnipeg; *Directory*, Miss H. Corelli, 892 Grosvenor Ave., Winnipeg; *Press*, Miss L. Kelly, 753 Wolseley Ave., Winnipeg; *Membership*, Miss P. Anderson, 99 George St., Winnipeg; *Library*, Office Staff, 214 Balmoral St., Winnipeg; Representative to *The Canadian Nurse*, Mrs. A. McFetridge, 71 Cambridge St., Winnipeg; Secretary-Treasurer, Mrs. S. Gordon-Kerr, 214 Balmoral Street, Winnipeg.

NEW BRUNSWICK

New Brunswick Association of Registered Nurses

President, Miss A. J. MacMaster, Moncton Hospital, Moncton; First Vice-President, Mrs. G. E. Vandorsser; Second Vice-Pres., Mrs. A. G. Woodcock; Hon. Sec., Rev. Sister Kenny; *Councillors:* Misses M. Murdoch, F. Coleman, M. Miller, M. E. Stuart, E. M. Tulloch, Rev. Sister Kerr, Mrs. A. G. Woodcock, Mrs. Duffy; Secretary-Treasurer-Registrar, Miss Maude E. Retallick, 262 Charlotte St. West, Saint John; *Conveners of Sections: Nursing Education*, Rev. Sister Kerr; *Public Health*, Miss A. A. Burns; *Private Duty*, Miss M. McMullen; *Convener of Constitution and By-Laws Committee*, Miss S. E. Brophy; Representative to *The Canadian Nurse*, Miss Maisie Miller.

NOVA SCOTIA

Registered Nurses Association of Nova Scotia

President, Miss Marion Haliburton, 40 South St., Halifax; First Vice-President, Mrs. D. J. Gillis, 9 Welsford St., Halifax; Second Vice-President, Miss Anne Foster, Berwick; Third Vice-President, Sister Anna Seton, Halifax Infirmary; Recording Secretary, Miss Mary Saxton, 94 Jubilee Rd., Halifax; Treasurer, Corresponding Secretary and Registrar, Miss Murie Graham, 413 Dennis Bldg., Halifax.

ONTARIO

Registered Nurses Association of Ontario (Incorporated, 1925)

President, Miss Ethel Cryderman, 281 Sherbourne St., Toronto; First Vice-President, Miss Constance Brewster, Hamilton General Hospital, Hamilton; Second Vice-President, Miss Jean L. Church, 120 Strathcona Ave., Ottawa; Secretary-Treasurer, Miss Matilda E. Fitzgerald, 3 Willcocks St., Toronto; *Chairmen: Nursing Education Section*, Miss Rahno M. Beamish, Toronto Western Hospital, Toronto; *Private Duty Section*, Miss Jean L. Church, 120 Strathcona Ave., Ottawa; *Public Health Section*, Miss Mildred Walker, Institute of Public Health, London; *District 1:* Chairman, Miss Mabel Hoy, 606 Canada Bldg., Windsor; Secretary-Treasurer, Miss P. Schurter, 339 Princess Ave., London; *Districts 2 and 3:* Chairman, Miss Helen L. Potts, General Hospital, Woodstock; Secretary-Treasurer, Miss F. Kudoba, General Hospital, Stratford; *District 4:* Chairman, Miss C. Brewster, Hamilton General Hospital, Hamilton; Secretary-Treasurer, Miss C. Sheridan, 29 Augusta St., Hamilton; *District 5:* Chairman, Miss P. B. Austin, Hospital for Sick Children, Toronto; Secretary-Treasurer, Miss Gladwyn Jones, Nurses Residence, Toronto Western Hospital; *District 6:* Chairman, Miss F. Fitzgerald, Ontario School for the Deaf, Belleville; Secretary-Treasurer, Miss M. Fitzgerald, 174 Dufferin Ave., Belleville; *District 7:* Chairman, Miss Mary F. Bliss, Public General Hospital, Smiths Falls; Secretary Treasurer, Miss Dorothy Driffield, Box 612, Smiths Falls; *District 8:* Chairman, Miss M. Hall, 311 Transportation Bldg., Ottawa; Secretary, Miss M. Acland, Strathcona Hospital, Ottawa; Treasurer, Miss E. Allen, Medical Arts Bldg., Ottawa; *District 9:* Miss H. E. Smith, Box 305, New Liskeard; Secretary-Treasurer, Miss R. Buchanan, Sanitorium P.O., Gravenhurst; *District 10:* Chairman, Miss Gladys Young, 119 Pine St., Port Arthur; Secretary-Treasurer, Miss Wilma Ballantyne, McKellar General Hospital, Fort William.

District 1, Registered Nurses Association of Ontario

Chairman, Miss M. Hoy; Vice-Chairman, Miss D. Shaw; Sec.-Treas., Miss P. Schurter, 339 Princess Ave., London; *Councillors:* Misses F. Connolley, A. Claypoie, L. Pettypiece, J. Paul, Mmes. Malone, Johnston; *Conveners: Education*, Miss E. Hazelwood; *Private Duty*, Miss M. Baker; *Public Health*, Miss M. Chambers; *Publications*, Miss N. Williams; *Membership*, Miss G. Versey.

District 2 and 3, Registered Nurses Association of Ontario

Chairman, Miss H. L. Potts; Vice-Chairman, Miss A. Campbell; Secretary-Treasurer, Miss F. E. Kudoba, General Hospital, Stratford; *Councillors:* Misses K. Charnley, A. MacDonald, L. Ferguson, F. Rae, H. Booth, F. M. Smith; *Committee Conveners: Nursing Education*, Miss Z. M. Hamilton; *Private Duty*, Miss L. Forewell; *Public Health*, Mrs. J. M. Mitchell.

District 4, Registered Nurses Association of Ontario

Chairman, Miss C. Brewster; Secretary-Treasurer, Miss C. Sheridan, 29 Augusta St., Hamilton; *Committee Conveners: Membership*, Miss I. Murray; *Programme*, Mrs. Blake; *Finance*, Miss Livingstone; *Nominating*, Miss Buckbee; *Permanent Education Fund*, Miss Souter; *Publications*, Miss C. Inrig; *Enrolment for War and Disaster*, Miss A. Boyd; *Local Council of Women*, Mrs. Stephen, Mrs. Haygarth.

District 5, Registered Nurses Association of Ontario

Chairman, Miss P. B. Austin; Vice-Chairman, Miss I. Weirs; Secretary-Treasurer, Miss Gladwyn Jones, Nurses Residence, Toronto Western Hospital; *Councillors:* Miss J. Anderson, J. Mitchell, E. Moore, J. Farquharson, M. Wilkinson, F. Kelsey; *Committee Conveners: Private Duty*, Miss W. Worth; *Nursing Education*, Miss W. L. Chute; *Public Health*, Miss Mildred Sellery.

District 8, Registered Nurses Association of Ontario

Chairman, Miss M. Hall; Vice-Chairman, Miss K. Bayley; Secretary, Miss M. Acland, Strathcona Hospital, Ottawa; Treasurer, Miss E. Allen, Medical Arts

Bldg.; *Councillors:* Misses M. Downey, G. Clark, J. McEwen, M. MacLaren, G. Tanner, M. Thompson; *Committee Conveners: Nursing Education*, Miss K. McIlraith; *Private Duty*, Miss M. Landreville; *Public Health*, Miss M. Black.

District 9, Registered Nurses Association of Ontario

Chairman, Miss Elizabeth Smith; First Vice-Chairman, Miss Jean Smith; Secretary-Treasurer, Miss Robena Buchanan, Sanatorium P.O., Gravenhurst; *Councillors:* Miss Elizabeth Gordon, Miss Alice Quinlan, Miss Sylvia Howard, Miss Florence Farr, Miss Mary Garvin, Miss Jane Thomas.

District 10, Registered Nurses Association of Ontario

Chairman, Miss Gladys Young, 119 Pine St., Port Arthur; First Vice-Chairman, Miss Dorothy Adams, Red Cross Outpost Hospital, Kakabeka Falls; Secretary-Treasurer, Miss Wilma Ballantyne, McKellar General Hospital, Fort William; *Councillors;* Misses M. Wallace, M. Guss, F. Gleeson, C. Chivers Wilson, Mrs. Mickelson.

PRINCE EDWARD ISLAND

Prince Edward Island Registered Nurses Association

President, Miss Anna Mair, P.E.I. Hospital, Charlottetown; Vice-President, Mrs. Percy Proude, Charlottetown; Secretary, Miss Hattie MacLaine, P.E.I. Hospital; Treasurer and Registrar, Miss Linnie Platts, P.E.I. Hospital; *Conveners of Sections: Nursing Education*, Rev. Sr. Stanislaus, Charlottetown Hospital; *Public Health*, Miss Ina Gillan, Kent Manor, Charlottetown; *Private Duty*, Miss Millie Gamble, 51 Ambrose St., Charlottetown; *Representative* to *The Canadian Nurse*, Miss Anna Mair.

QUEBEC

Association of Registered Nurses of the Province of Quebec (Incorporated, 1920)

Advisory Board: Misses Mary A. Samuel, Mabel F. Hersey, Jean S. Wilson, Marion Lindeburgh, Rév. Soeur Augustine, Rév Soeur Marcellin, Mademoiselle Maria Roy; President, Miss C. V. Barrett, Royal Victoria Montreal Maternity Hospital; Vice-President (French), Rév. Soeur Allard, Hôtel-Dieu de St. Joseph, Montréal; Vice-President (English), Miss Eileen C. Flanagan, Montreal Neurological Institute; Hon. Recording Secretary, Mademoiselle Alexina Marchessault, Ecole d'Hygiène sociale appliquée de l'Université de Montréal; Hon. Treasurer, Miss C. M. Ferguson, Alexandra Hospital, Montreal; *Members without office:* Miss Mabel K. Holt, Miss M. L. Moag, Rév. Soeur Gauthier, Mademoiselles Suzanne Giroux, Juliane Labelle; *Conveners of Sections: Private Duty* (English), Miss Lottie Urquhart, 1832 Lincoln Ave., Apt. 20; *Private Duty* (*French*), Mlle Julianne Labelle, 324 Carré St. Louis, Montréal; *Nursing Education* (English), Miss Martha Batson, The Montreal General Hospital; *Nursing Education* (French), Rév. Soeur Valerie de la Sagesse, Hôpital Ste. Justine, Montréal; *Public Health* (bi-lingual), Miss Margaret I. Brady, Child Welfare Association of Montreal, Forum Bldg., Atwater Ave.; *Board of Examiners:* Miss Olga V. Lilly (convener), Royal Victoria Montreal Maternity Hospital; Miss Marie Des Barres, Shriners' Hospital, Montreal, Miss Katherine MacLennan, Royal Victoria College, Montreal, Miss Katherine Jamer, Alexandra Hospital, Montreal, Mlle Edna Lynch, 4642 rue St. Denis, Montréal, Mlle M. Anysie Déland, Institut Bruchési, Montréal, Mlle Alexina Marchessault, Ecole d'Hygiène, avenue Maplewood, Montréal; Executive Secretary-Registrar and Official School Visitor, Miss E. Frances Upton, Room 406, 1396 St. Catherine St. West, Montreal.

SASKATCHEWAN

Saskatchewan Registered Nurses Association (Incorporated, 1917)

President, Miss Annie F. Lawrie, General Hospital, Regina; First Vice-President, Mrs. M. A. Young, General Hospital, Moose Jaw; Second Vice-President, Sister O'Grady, St. Paul's Hospital, Saskatoon; *Councillors:* Miss Ruth Morrison, 4 Carlton Apts., Prince Albert, Miss Ann Morton, Weyburn; *Conveners of Standing Committees: Public Health*, Miss Elizabeth Smith, Normal School, Moose Jaw; *Nursing Education*, Miss Edith Amas, City Hospital, Saskatoon; *Private Duty*, Miss Helen Wills, 2840 Robinson St., Regina; Secretary-Treasurer-Registrar, Miss Margaret A. Ross 45 Angus Crescent, Regina.

Associations of Graduate Nurses

ALBERTA

Calgary Association of Graduate Nurses

Hon. President, Dr. H. A. Gibson; President, Miss P. Gilbert, 113-25th Ave. W.; First Vice-President, Miss F. E. C. Reid; Second Vice-President, Miss O. Zimmerman; Rec. Secretary, Miss A. Young; Corresponding Secretary, Miss M. Flemming; Treasurer, Miss M. Watt.

Edmonton Association of Graduate Nurses

President, Miss Blanch Emerson; First Vice-President, Miss M. McDonald; Second Vice-President, Miss M. Griffiths; Treasurer, Mrs. E. World; Secretary, Miss E. Murray, Royal Alexandra Hospital; Registrar, Miss A. L. Sproule, 11138 Whyte Ave.

Medicine Hat Graduate Nurses Association

Pres., Mrs. J. Keohane; First Vice-Pres., Mrs. G. Crockford; Second Vice-Pres., Mrs. C. Pickering; Sec., Miss M. Reid, Medicine Hat General Hospital; Treas., Miss M. Hagerman, Y.W.C.A., Medicine Hat; *Committee Conveners: Membership*, Miss E. Rousom; *Visiting*, Mrs. W. A. Fraser; *Representatives:* to *Private Duty Section*, Mrs. M. Tobin; to *The Canadian Nurse*, Miss E. Breakell.

BRITISH COLUMBIA

Nelson Graduate Nurses Association

Hon. President, Miss K. E. Gray, Superintendent, Kootenay Lake General Hospital; President, Miss V. B. Eidt; First Vice-President, Miss E. Smith; Second Vice-President, Miss K. Gordon; Secretary, Miss S. K. M. Scott, Box 184, Nelson; Treasurer, Miss J. Leslie.

New Westminster Graduate Nurses Association

Hon. President, Miss E. Clark, Royal Columbian Hospital; President, Mrs. J. Wright; First Vice-Pres., Miss E. Hope Gouldburn; Second Vice-Pres., Miss E Gow; Secretary, Miss E. Wrightman, 447 Columbian St. E.; Treasurer, Miss A. Macphail, 319 Sherbrooke St.; *Committee Conveners: Membership*, Miss K. Stowe; *Press*, Miss J. Peele.

Vancouver Graduate Nurses Association

President, Miss A. Croll, 836 West 14th Ave., Vancouver; First Vice-President, Miss M. Motherwell, 1747-10th West; Second Vice-President, Miss P. Mooney, St. Paul's Hospital; Secretary, Miss A. J. MacLeod, Vancouver General Hospital; Treasurer-Registrar, Miss L. G. Archibald, 536-12th West; *Council:* Misses M. Ewart, F. H. Walker, E. Berry, K. Lee, Mrs. A. Westman; *Committee Conveners: Finance*, Miss M. I. Teulon; *Programme*, Miss M. Wismer; *Membership*, Miss M. Dutton; *Social*, Miss G. Currie; *Directory*, Miss C. Harkness; *Visiting*, Miss N. Foster; *Representatives:* to *the Press*, Miss R. McLellan; to *Local Council of Women*, Misses M. Duffield, M. Gray.

Victoria Graduate Nurses Association

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President, Miss M. Mirfield; Second Vice-President, Mrs. Bothwell; Secretary, Miss H. Andrews, 2825 Prior St.; Treasurer, Miss W. Cooke; Registrar, Miss E. Franks, 1015 Mirfield Road; *Executive Committee:* Misses T. Locke, F. Crampton, D. Frampton, M. Sangster, Mrs. Strachan.

MANITOBA

Brandon Graduate Nurses Association

Hon. President, Miss Birtles; Hon. Vice-President, Mrs. W. H. Shillinglaw; President, Miss Dora Muir, Brandon Mental Hospital; Vice-Presidents, Mrs. L. E. Fletcher, Miss Viola Vance; Secretary, Miss Dorothy Longley, Brandon Mental Hospital; Treasurer, Mrs. J. D. Sills; Registrar, Miss Christina Macleod; *Committee Conveners: Private Duty Section,* Miss Higgens; *Social.* Mrs. Grant Pearson; *Cook Books,* Miss Alice Bennett; *Visiting,* Mrs. Rowe Fisher; *Press Representative,* Miss Blanche Brigham.

ONTARIO

Smiths Falls Graduate Nurses Association

Hon. Presidents, Miss Bliss, Miss Clark; Pres., Miss Church; First Vice-Pres., Miss M. Foster; Second Vice-Pres., Mrs. B. Klyne; Sec., Miss I. C. McLeod, 34 McEwan Ave.; Treas., Miss H. Durant; *Committee Conveners: Social and Flower,* Mrs. J. Bell; *Press,* Miss Gilmour. Meetings every third Monday.

QUEBEC

Montreal Graduate Nurses Association

Hon. President, Miss L. C. Phillips; President, Miss Marguerite Craig, 1509 Sherbrooke St. W.; First Vice-President, Mrs. A. Stanley; Second Vice-President, Miss H. Dunlop; Secretary-Treasurer, Miss Ruby Tinkiss, 1230 Bishop St.; Registrar, Miss A. K. Bliss; Night Registrar, Miss Ethel Clark; Relief Registrar, Miss E. Gruer; *Convener,* Griffintown Club, Miss G. Colley. Regular Meeting, second Tuesday of January, first Tuesday of April, October and December.

SASKATCHEWAN

Moose Jaw Registered Nurses Association

Hon. President, Mrs. M. Young; President, Miss J. Moir; First Vice-President, Miss J. Droppo; Second Vice-President, Miss L. Carter; Secretary-Treasurer, Miss E. Heglin, Ste. 202, Walter Scott Blk., Moose Jaw; Registrar, Mrs. Metcalfe; *Committees: Nursing Education,* Mrs. M. Young, Rev. Sr. Veronica; *Public Health,* Miss Armstrong; *Private Duty,* Miss Coventry, Miss Ferguson; *Programme,* Miss O. McNabb; *Social,* Miss Evans; *Press,* Miss Reynolds; *Visiting,* Miss Armstrong; *Representative* to *The Canadian Nurse,* Miss E. Carter.

Alumnae Associations

ALBERTA

A.A., Calgary General Hospital, Calgary

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A.A., Royal Alexandra Hospital, Edmonton

Hon. President, Miss F. Munroe; President, Miss M. Fraser; First Vice-Pres., Miss I. Johnston; Second Vice-Pres., Mrs. C. McManus; Rec. Sec., Miss V. Bransager; Corr. Sec., Miss O. Hryvnak, Royal Alexandra Hospital; Treas., Miss T. Holm; *Members of Executive:* Misses V. Chapman, Deane-Freeman, Mrs. Elwell; *Committee Conveners: Visiting,* Mrs. A. E. Jones; *Social,* Miss V. Kuhn; *Programme,* Miss M. Griffith; *Membership,* Miss L. Einarson; *News Letter,* Miss G. Allyn.

A.A., University of Alberta Hospital, Edmonton

Hon. President, Miss E. Fenwick; President, Miss N. Bowman; First Vice-President, Miss A. Baker; Second Vice-President, Miss M. Hood; Recording Secretary, Miss M. Douglas; Corresponding Secretary, Miss M. Story, 11134-90th Ave.; Treasurer, Miss J. Lees, University Hospital; *Executive Committee:* Mrs. F. Beddome, Misses A. Dickson, P. McConechie.

A.A., Lamont Public Hospital, Lamont

Hon. President, Miss F. E. Welsh; President, Mis; Olga Scheie; First Vice-President, Mrs. G. Archer. Second Vice-President, Miss A. White; Secretary; Treasurer, Miss L. L. Wright, Lamont Public Hospital Corr. Sec., Miss F. E. Reid, 1009-20th Ave. W.' Calgary; *Convener, Social Committee,* Mrs. H. Mc' Pherson.

BRITISH COLUMBIA

A.A., Vancouver General Hospital, Vancouver

Hon. President, Miss G. Fairley; President, Mrs. E. Pringle; First Vice-President, Mrs. K. L. Craig; Second Vice-President, Miss K. Heaney; Secretary, Miss H. Medforth, 896-W. 13th Ave.; Corresponding Secretary, Miss C. Clibborn, 920-W. 17th Ave.; Treasurer, Miss O. M. Bealby; *Committee Conveners: Membership,* Miss M. Moffat; *Refreshments,* Miss E. Ketchum; *Visiting,* Mrs. Ferguson; *Entertainment,* Mrs. G. Dobson; *Press,* Miss B. Haddon; *Mutual Benefit Association Representative,* Miss H. Campbell; Representative to V.G.N.A., Miss R. McLellan.

A.A., Royal Jubilee Hospital, Victoria

President, Miss E. Rosaiter; First Vice-Pres., Miss D. Hibberson; Second Vice-Pres., Mrs. J. H. Russell; Secretary, Miss M. Dickson, 3770 Craigmillar; Assist-Sec., Miss I. Donald; Treasurer, Mrs. A. Dowell; *Committees: Social,* Miss E. Bland; *Visiting,* Miss E. Newman.

A.A., St. Joseph's Hospital, Victoria

Hon. Pres., Sr. M. Alfreda; Hon. Vice-Pres., Sr. M. Gregory; Pres., Mrs. J. Moore; First Vice-Pres., Miss K. Gann; Second Vice-Pres., Miss H. Andrews; Rec. Sec., Miss E. Collins; Corr. Sec., Miss B. Locke, St. Joseph's Hospital; Treas., Miss D. Dixon; *Councillors:* Mesdames F. Bryant, A. Sinclair, W. Moore, Miss C. Devereaux.

MANITOBA

A.A., St. Boniface Hospital, St. Boniface

Hon. President, Rev. Sr. Krause, St. Boniface Hospital; Hon. Vice-President, Mrs. Cresby; President, Miss M. Meehan; First Vice-President, Miss S. Madill. Second Vice-President, Miss J. Williamson; Secretary; Miss D. Burrell, 421 Banning St.; Treasurer, Miss W. Grice, 97 Balmoral Place; *Committee Conveners: Social,* Miss M. Wilson; *Visiting,* Miss A. Metcalfe; *Membership,* Miss E. Margarson; *Press,* Miss Parkhill; *Representatives:* to *Local Council of Women,* Mrs. C. Sharkey; Press Representative for the *M.A.R.N.* and *The Canadian Nurse.* Miss N. Banks.

A.A., Children's Hospital, Winnipeg

Hon. President, Miss E. Mallory; President, Miss A. MacArthur; Vice-President, Miss L. Craig; Secretary, Miss D. Henderson, Children's Hospital; Treasurer, Miss F. McLeod; *Committee Convener: Entertainment,* Miss C. Day.

A.A., Misericordia Hospital, Winnipeg

Hon. President, Sister St. Bertha; President, Miss J. Douglas; Vice-Pres., Miss A. Stigent; Sec., Miss S. Horning, 119 Chestnut St.; Treas., Miss J. Bissett; *Rep. to Board of Directors of M.A.R.N.,* Miss V. Blaine; *Committee Conveners: Visiting,* Miss R. Hall; *Refreshment,* Miss D. Ballantyne; *Publicity,* Miss B. Solmundson.

A.A., Winnipeg General Hospital, Winnipeg

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NEW BRUNSWICK

A.A., Saint John General Hospital, Saint John

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QUEBEC

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